



Volunteer Services  
(352) 265-0360

We know that many patients miss their pets while they are in the hospital. Pet Visits helps patients in reducing stress, increasing self – esteem and expressing feelings. We are happy to assist in facilitating personal pet visits. While you are in the hospital please make sure to abide by the following hospital policies and procedures.

1. Obtain approval for the dog visit from the patient’s nurse or doctor prior to the visit (Volunteer Services will also notify the nurse or doctor as to the date & time of your pet visit). If the patient has a roommate, obtain consent from the roommate as well.
2. Personal Pet Visits will not be allowed for patients who are immunocompromised or are on precautions.
3. Provide Volunteer Services with personal vaccination records for the pet (this can be done in person or faxed to our office – our fax number is (352) 265-0560.)
4. Ensure that the pet has been bathed within 24 hours prior to entering the hospital.
5. Use the staff elevators to transport your pet up to the patient floor (Volunteer Services will explain to you how to get to the Staff Elevators).
6. Make sure that the pet visits **only** his/her owner and does not enter any other patient’s rooms.
7. Remain with and be responsible for the dog at all times during the visit.
8. Personal Pet Visitation hours are 9 am – 9 pm; overnight visits are not permitted.

**Personal Pet Visit Application**

**Person Escorting Pet Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone: ( )

Cell Phone Number : ( )

**Patient’s Information**

Full Name: \_\_\_\_\_

Patient’s Room Number: \_\_\_\_\_ Date of Request for visit: \_\_\_\_\_

**Animal’s Information** Pet’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date Of Last Examination: \_\_\_\_\_

- Have you owned the dog for more than 6 months? \_\_\_\_\_
- Does the dog have any open cuts or coughing? \_\_\_\_\_
- Is your dog under control with people around? \_\_\_\_\_
- Has your dog ever shown signs of aggression? \_\_\_\_\_

**Completed by Volunteer Services Staff**

Vaccinations Records Received: \_\_\_\_\_

Patient’s Nurse Notified for Approval: \_\_\_\_\_

Security Notified: \_\_\_\_\_

Approved by: \_\_\_\_\_

Once the visit has been approved, make a copy for the office records, make a copy for the person escorting the pet and fax a copy to Security/Guest Services at (352) 265-0582.