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## APPENDIX "A"

### AUTHORIZATION FOR ANIMALS ON CALGARY HEALTH REGION PREMISES

In accordance with "Animals in Calgary Health Region Facilities" policy (#1285), the following terms and conditions are applicable for the presence of animals in Calgary Health Region facilities:

1. Guide Dogs, Hearing Dogs and Assistance Dogs do not require authorization to enter Calgary Health Region facilities when accompanied by the owner, subject to the following provisions:
  - The owner must provide all necessary care and attention for the dog;
  - The dog must be clean and in good health;
  - Proof of appropriate immunization shall be made available upon request.
  - Requests for overnight accommodation shall be directed to the appropriate Patient Care Manager (or designate).
  
2. On-site training of Guide Dogs, Hearing Dogs and Assistance Dogs is permitted by recognized training organizations and must receive authorization of the appropriate Administrative Director (or designate). Training areas are restricted to public areas only.
  
3. All requests to bring in family pets **must receive prior authorization** from the appropriate Patient Care Manager in consultation with Infection Prevention and Control.
  
4. All animals, except those which are part of a registered visitation program or working dogs, must register with Protection Services and are required to display appropriate identification at all times while on Calgary Health Region premises.
  
5. The Designated Handler assumes full responsibility for the care and control of the animal while on Calgary Health Region premises.
  
6. All special provisions and restrictions as set out by the Calgary Health Region will be adhered to by the Designated Handler. **No animals shall be allowed in the following areas:**
  - Surgical suites
  - Intensive care areas\*
  - Burn and plastics areas\*
  - Labour and delivery areas
  - Newborn nursery
  - Food preparation areas
  - Medication or clean/sterile supplies storage areas
  
- \* The Patient Care Manager has the discretion to approve requests under special circumstances as deemed appropriate.
  
7. Failure to abide by the conditions set forth will result in the revocation of the animal's visiting authorization.

**COMPLETE REVERSE SIDE OF THIS FORM**

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Authorization has been granted for an animal to be present on Calgary Health Region premises as described below:

**SECTION TO BE COMPLETED BY ADMINISTRATIVE DIRECTOR, OR PATIENT CARE MANAGER/ CHILD LIFE REPRESENTATIVE (OR DESIGNATES), IN CONSULTATION WITH INFECTION PREVENTION AND CONTROL**

**Designated Handler:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Description of Animal :**  
\_\_\_\_\_  
\_\_\_\_\_

**Immunization Records/Other Animal Health Records Requested:**  
 Yes  No

**Destination: (Patient Care Unit)** \_\_\_\_\_  
**Patient:** \_\_\_\_\_ **Room #** \_\_\_\_\_  
**Other area: (please specify):** \_\_\_\_\_

**Authorization is granted for the time period:**  
**From: Date:** \_\_\_\_\_ **To: Date:** \_\_\_\_\_

During Regular Visiting Hours Only  During the following time period  
\_\_\_\_\_

**Special Considerations (i.e. Animal must be caged at all times)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ the undersigned do hereby accept and acknowledge all conditions set forth by the Calgary Health Region regarding the presence of animals on Calgary Health Region premises, and accept all responsibility for the care and control of the above-noted animal and release the Calgary Health Region from any and all liability which may arise as a result of the presence of said animal on Calgary Health Region premises.

\_\_\_\_\_  
Signature of Designated Handler Date: \_\_\_\_\_

Authorized on behalf of the Calgary Health Region:

\_\_\_\_\_  
Signature Title: \_\_\_\_\_ Date: \_\_\_\_\_

Consultation with Calgary Health Region Infection Prevention and Control  Yes  N/A

\_\_\_\_\_  
Name & Title of IPC Contact Date: \_\_\_\_\_