

Facility Environment/Visiting Information

Complete and check all parts of this form that apply to the site or unit where volunteers will visit. This information will assist in recruiting Pet Partners teams for your AAA/T visits.

FOR OFFICE USE ONLY
FACILITY ID#:
MATRIX AREA:
Reviewed by:
Review Date:
Expiration Date:

Check the categories that most accurately describe your site or unit	<input type="checkbox"/> Hospital <input type="checkbox"/> Day Treatment <input type="checkbox"/> Hospice(*) <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Residential Care	<input type="checkbox"/> Shelter <input type="checkbox"/> Corrections <input type="checkbox"/> Group Residence <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Assisted-Living/ Intermediate Care	<input type="checkbox"/> School <input type="checkbox"/> Skilled Care <input type="checkbox"/> Other:
Description of population:	<input type="checkbox"/> Abuse Survivor <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Emotional Disabilities <input type="checkbox"/> Mental Illness	<input type="checkbox"/> Alzheimer's/Dementia <input type="checkbox"/> Coma <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Terminally Ill	<input type="checkbox"/> Homeless <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Other:
Age of population:	<input type="checkbox"/> Infants & Nursery Age <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults	<input type="checkbox"/> School Age <input type="checkbox"/> Young Adults <input type="checkbox"/> Seniors	
Group size:	<input type="checkbox"/> One-On-One <input type="checkbox"/> Medium Group (5-15 People)	<input type="checkbox"/> Small Group (1-5 People) <input type="checkbox"/> Large Group (15+ People)	
Level of Supervision	Staff will accompany visits: <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Infrequently	Staff Members will: <input type="checkbox"/> Participate <input type="checkbox"/> Direct <input type="checkbox"/> Document	<input type="checkbox"/> Observe
Facility Dynamics	<input type="checkbox"/> Quiet - low activity, few distractions, routinely predictable interactions		
	<input type="checkbox"/> Average - moderate activity, moderate distractions, occasionally unpredictable interactions		
	<input type="checkbox"/> Active - high activity, many distractions, routinely unpredictable interactions		

(*) If you are proposing to have within your Hospice volunteer program an 'In-Home &/or Adult Family Home Therapy Animal Visiting Program', please read our "In-Home Hospice/Adult Family Home Visits" policy document.
 Link: www.petpartners.org/hospicepolicy.

Animal Assisted Activity and Therapy Needs	<input type="checkbox"/> Mon. Morning	<input type="checkbox"/> Tues Morning	<input type="checkbox"/> Wed Morning	<input type="checkbox"/> Thurs Morning
	<input type="checkbox"/> Mon. Afternoon	<input type="checkbox"/> Tues. Afternoon	<input type="checkbox"/> Wed. Afternoon	<input type="checkbox"/> Thurs. Afternoon
	<input type="checkbox"/> Mon. Evening	<input type="checkbox"/> Tues. Evening	<input type="checkbox"/> Wed. Evening	<input type="checkbox"/> Thurs. Evening
	<input type="checkbox"/> Fri Morning	<input type="checkbox"/> Sat Morning	<input type="checkbox"/> Sun Morning	
	<input type="checkbox"/> Fri. Afternoon	<input type="checkbox"/> Sat. Afternoon	<input type="checkbox"/> Sun. Afternoon	
	<input type="checkbox"/> Fri. Evening	<input type="checkbox"/> Sat. Evening	<input type="checkbox"/> Sun. Evening	
Length/Frequency of AAA/T Visits	<input type="checkbox"/> Short Term (1-10 Visits)		<input type="checkbox"/> Continuous/Ongoing	
	<input type="checkbox"/> Long Term (10+ visits)		<input type="checkbox"/> Other	
Volunteer Background Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Volunteer Orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Minimum Age for Volunteering?	Minimum Age: _____			
Specific Animal Needs	Breed/Species Type: _____			
	Size:	<input type="checkbox"/> Very Small	<input type="checkbox"/> Large	<input type="checkbox"/> Other
	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Farm Animals	
Transportation	Your Geographic Area: _____			
	Is Parking Available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is there a fee for parking? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Describe below your current or proposed AAA/T program

Program Goals
Role of the Pet Partners Volunteer Teams
Number of Pet Partners Therapy Animal Teams wanted
Please provide, in 30 words or less, a statement that describes the services offered by your facility

Please keep a copy of this Facility Environment/Visiting Information form for your records

AAA/T Facility Policy Agreement

Information on this form will provide our Pet Partners therapy animal team(s) visiting your facility with important information about your program expectations and the team’s responsibilities. We recommend you use this document as the policy guidelines for animal-assisted activity visits to your facility and that you review this information with the team(s) prior to receiving visits. Also, for your own information, please review and keep a copy of our **Pet Partners volunteer therapy animal policies and procedures** www.petpartners.org/policiesprocedures. For changes to this agreement contact Pet Partners Facilities Coordinator at 425.679.5503, or if applicable the local Pet Partners Affiliate group providing the AAA/T visits.

Contact Name:	Title:
Name of Facility:	Dept:
Address:	City/State/Zip:
Telephone:	Fax:
Email:	Website:

1. Logistics:
a) Does the facility require a background check of volunteers?
b) Does the facility require medical tests/protocol for volunteers? (TB, flu, etc.)
c) Will the facility require additional medical screening for the animal? How often?
d) Where is a safe, outside location for animals to eliminate?
e) Where is the trash receptacle located to dispose of waste material?
f) Where are the clean linens kept?
g) Where is the restroom?
h) Where is the sign in/sign out register?
i) Where are the food preparation and sterile supply areas?

2. Staff Involvement:

a) Who will accompany the Pet Partner team on visits?

b) How frequently?

c) Who will evaluate and document the visits?

3. Participation (client/patient focus):

a) Who will receive visits?

b) Who will not?

c) How will they be identified?

d) Where will visits be conducted?

e) Will animals be allowed on beds or furniture?

4. Additional Information:

Are there any additional requirements the Pet Partner team should be aware of?

Facility Name:

Facility Representative Signature

Date:

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