

Animals in Healthcare Settings

Infection Prevention and Control Questionnaire

Date: _____

Time of Entry: _____

Name of handler: _____

Type of animal: _____

Type of Animal-Assisted Therapy certification: _____

Reference Questions	Yes	No
1. Is the animal a domestic companion?	<input type="radio"/>	<input type="radio"/>
2. Is the animal at least one year old?	<input type="radio"/>	<input type="radio"/>
3. Has the animal been in the home for a minimum of six months?	<input type="radio"/>	<input type="radio"/>
4. Is the animal registered or certified for Animal-Assisted Therapy?	<input type="radio"/>	<input type="radio"/>
5. Has the facility been provided with the vaccine records?	<input type="radio"/>	<input type="radio"/>
6. Are all the animal's veterinary records up to date?	<input type="radio"/>	<input type="radio"/>
7. Has the animal been bathed within the last 24 hours?	<input type="radio"/>	<input type="radio"/>
8. On visual inspection, does the animal seem healthy?	<input type="radio"/>	<input type="radio"/>
9. Is the animal handler at least 18 years old?	<input type="radio"/>	<input type="radio"/>

*If the answer to any of these questions was no, it is recommended that the animal handler bring the animal back at another time when all of the questions can be answered yes.