



## Facility-Owned Pet Assessment Checklist

**Instructions:** Director of Health Services/Designate shall complete checklist before approving a facility-owned pet.

1. The animal is among the listed Southern Health-Santé Sud Prohibited Pets (see protocol).  
 If Yes, pet is not to be allowed in facility     No
2. Do any clients or staff have an allergy to the animal or medical problem associated with the animal?  
 If Yes, pet is not allowed in facility     No
3. Do any clients or staff have an aversion/phobia to the animal?  
 If Yes, pet is not allowed in facility.     No
4. Have you consulted with Infection Prevention and Control regarding the appropriateness of the animal for your facility?  
 Yes     If No, contact Infection Prevention and Control
5. Maintenance costs are estimated on an annual basis and include food, veterinarian visits, and equipment for care. These costs can be maintained through cost center funding.  
 Yes     If No, calculate costs and determine budget for maintenance of pet.
6. The animal in question has been examined by a veterinarian; deemed healthy, well-trained, appropriately vaccinated with suitable temperament.  
 Yes     If No, required prior to pet coming into facility.
7. At minimum, two staff are designated and able to monitor and provide care for the pet daily. See Facility-Owned Pet Care Record for pet care required.  
 Yes     If No, required prior to pet coming into facility.
8. Evaluate the situation on a regular basis after the pet moves into the facility, taking into account any identified safety concerns, Infection Prevention and Control issues, staff and client concerns, allergies and/or aversions with the pet.  
 Quarterly

Director of Health Services/Designate Signature: \_\_\_\_\_

Date: \_\_\_\_\_