

Paula's PetPal Place Guidelines

Your pet is an important part of your family and can play an important part in helping your loved one feel better. To arrange a visit with your dog or cat, please read the information below.

General guidelines:

- Dogs and cats only.
- Puppies and kittens must be at least 12 weeks old and potty trained.
- Your doctor must write an order for the visit.
- · Visits limited to 30 minutes.

Before the visit

- The PAC coordinator will clear the visit with the patient's nurse or attending physician.
- Talk with People-Animal Connection (PAC) to arrange a date and time for the visit.
- Take your family pet to the veterinarian who must complete and sign the health certificate.
- · Give health certificate to PAC.
- Do not bring a pet with diarrhea or other illness for a visit.
- Bathe and brush the pet within 24 hours of the visit. Make sure that the pet is free of fleas and ticks.
- Do not feed the pet within 2 hours of the visit.
- Visit will take place in the designated area, located near the UCLA Mattel Children's Hospital entrance known as Paula's PetPal Place; visits cannot take place in the hospital.

During the visit

- Be on time for the visit.
- A family member or caregiver must be present during the visit.
- The family member or caregiver who accompanies the pet is totally responsible for the care of the pet while at UCLA and must stay with the pet the entire visit.
- Pets may visit their own human companions not other patients.
- Dogs should wear a standard collar; no harness, chain or choke collars.
- Dogs must be on a leash not more than six feet long (no retractable leashes).
- · No food is allowed during the visit.
- The family member or caregiver must clean up any pet soil using a plastic bag (provided at the visit area), discard it into a trashcan and wash hands.
- A PAC employee or a volunteer will accompany the patient and family during the visit.
- People who touch the pet must perform hand hygiene at the end of the visit.
- A visit will be stopped if your pet is perceived as a threat.

I agree to abide by the above guidelines and will assume complete responsibility for my pet while on the UCLA Ronald Reagan Medical Center premises. I understand that UCLA Health System is not responsible for my pet or any damage caused by my pet:



PRINT NAME SIGNATURE DATE CONTACT PHONE #