|  | AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)  **Pet Record Review**  For use during Recertification Surveys of Nursing Homes | | | | | Attachment H | | |
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| FACILITY NAME | | |
| SURVEYOR’S NAME | | |
| DATE | | |
| **Check here if the facility does not have any pets living or visiting in the facility and skip the rest of the form.** | | | | | | | | |
| 1. **Resident Rights** | | | | **Notes** | | | | |
| 1. If desired, do residents have a reasonable opportunity to have regular contact with pets? | | | Yes  No |  | | | | |
| 1. Are pets restricted from food preparation areas? | | | Yes  No |  | | | | |
| 1. Are pets restricted from residents who object to the presence of pets? | | | Yes  No |  | | | | |
| 1. **Pet Health** | | | | | | | | |
| 1. Current number of pets living on premises: 2. Current number of pets who visit: 3. All live-in pets have a current vaccination against rabies:  Yes  No 4. All live-in pets are veterinarian certified to be free of diseases transmittable to humans:  Yes  No 5. All pets observed display a suitable temperament:  Yes  No | | | | | | | | |
| 1. **Animals living in the home ONLY** | | | | | | | | |
| NAME (OR IDENTIFYING INFORMATION) | | TYPE OF ANIMAL | | | MOST RECENT EXAM DATE / CONCERNS | | RABIES IMMUNIZATION (EXPIRATION OR DUE DATE) | CERTIFIED TO BE FREE OF DISEASES TRANSMITTABLE TO HUMANS |
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| 1. **Notes** | | | | | | | | |
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| 1. **Instructions** | | | | | | | | |
| * Request pet records for animals who live on the premises. Document health and temperament information for **live in** pets on Page 1. * Through observation and interview, ensure compliance with [WAC 388-97-0980,](https://app.leg.wa.gov/WAC/default.aspx?cite=388-97-0980) Pets:   (1) Each resident must have a reasonable opportunity to have regular contact with animals, if desired.  (2) The nursing home must:  (a) Consider the recommendations of nursing home residents, resident councils, and staff;  (b) Determine how to provide residents access to animals;  (c) Determine the type and number of animals available in the facility, which the facility can safely manage. Such animals should include only those customarily considered domestic pets;  (d) Ensure that any resident's rights, preferences, and medical needs are not compromised by the presence of an animal; and  (e) Ensure any animal visiting or living on the premises has a suitable temperament, is healthy, and otherwise poses no significant health or safety risks to residents, staff, or visitors.  (3) Animals living on the nursing home premises must:  (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state; and  (b) Be veterinarian certified to be free of diseases transmittable to humans.  (4) Pets must be restricted from:  (a) Central food preparation areas; and  (b) Residents who object to the presence of pets.  **Pet Health Guidance**  **Rabies vaccination requirements (WAC 246-100-197).**  An owner of a dog, cat, or ferret shall have it vaccinated and revaccinated against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.   * A typical rabies vaccination schedule is to vaccinate at 3 months of age, and again approximately one year later, and then every three years, but manufacturer instructions take precedence. * An animal is considered immunized 28 days after initial vaccination or immediately following any booster vaccinations.   **Other vaccinations or immunizations are highly recommended, but not required.**   * Cats: Vaccinations to protect against panleukopenia (feline distemper), feline calici virus and feline herpes virus type I (rhinotracheitis). * Dogs: Vaccinations to protect against canine parvovirus, distemper and canine hepatitis.   For more information about diseases that can spread from pets to humans, visit this CDC website: <https://www.cdc.gov/healthypets/diseases/index.html> | | | | | | | | |