



Telephone 2964474

UNIT APPLICATION FOR
PET VISITING SCHEME

**To avail of the Peata Visiting Scheme it is necessary to become a member of Peata.
A membership application form is enclosed.**

Please complete in block capitals

1. Unit Name and Address _____

2. Phone (H) _____ (W) _____ (Mob) _____
E.mail address _____
3. Type of patients catered for _____

4. Why do you wish to introduce the pet-visiting scheme? _____

5. Do you have the consent of unit management? _____
6. Is the scheme acceptable to all staff members? _____
7. Is the scheme acceptable to patients and their families? _____
8. Which day and times are most suitable for visits? _____

9. Please name the person(s) on the unit who will be responsible for organising the scheme

10. Applicants name and position in unit _____

Signed _____

Date _____