



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 \_\_\_\_\_