

## BOW VALLEY SPCA THERAPY DOG CODE OF CONDUCT/GUIDELINES

It is extremely important that all Pet Therapy Volunteers review the attached Code of Conduct and Guidelines. The most important aspect to remember is to respect and treat with care all the different groups of people you will meet and interact with you and your dog. As a result, the Pet Therapy team has a few simple guidelines for you to follow:

### Volunteer Duties:

- Interact with one another, employees and members of the public in a professional, courteous, civil, dignified, fair and equitable manner.
- Perform volunteer functions in the best interest of the Bow Valley SPCA
- Honour the need for confidentiality of any information or personal knowledge gained while volunteering.
- When conducting pet therapy visits, please remember to wear your Bow Valley SPCA T-Shirts, and also be aware of the locations you are visiting, so closed toe shoes are recommended, and for winter months, please bring a pair of indoor shoes to avoid leaving water stains.

### Day of the Visit:

Before arriving at the scheduled volunteer location, volunteers should ensure their dogs are:

- Clean
- Any excess coat is brushed out, and that their nails are appropriately trimmed.
- Wearing their Bow Valley SPCA bandanna (if missing one, please let us know)
- A flat buckle collar or harness should be used, alone with a maximum 6-foot leash. No retractable leashes allowed.

Please arrive 10-15 minutes before the scheduled appointment. Once at the location, volunteers should:

- Toilet dogs as far away from the building as possible in an appropriate location
- Follow all instructions provided by the institution/organization.
- Treats are prohibited unless required for therapeutic purposes.

### Health and Safety:

If any volunteer is experiencing symptoms of a contagious illness like a new cough, fever, sore throat, nausea or runny nose, please stay home. Although there are no AHS isolation requirements for Covid, it is recommended that they stay at home until all symptoms have improved, feel well enough to resume normal activities, and have been fever free for 24 hours without the use of fever reducing medications.

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