



THERAPY DOG RECORD OF VISITS

Name of Volunteer: _____ Phone No.: _____

Name of Dog: _____ Breed/Mix: _____

Facility Name (use a different form for each facility): _____

Facility Contact Person: _____ Title: _____

Address.: _____

Phone No.: _____ Email: _____

Prior to submitting form please ensure the following is signed by a representative at the Therapy Dog Organization:

Print Name: _____ Position: _____

Signature of Authorized Person

Date

VISIT NO.	DATE	TIME IN	TIME OUT	STAFF NAME (print)	TITLE	STAFF SIGNATURE
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Name of Volunteer: _____ Dog Name: _____

Which Organization are you certified/registered with? _____

VISIT NO.	DATE	TIME IN	TIME OUT	STAFF NAME (print)	TITLE	STAFF SIGNATURE
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