



# Therapy Dog Record of Visits



Volunteer Name \_\_\_\_\_ Volunteer Phone Number \_\_\_\_\_

Dog Name \_\_\_\_\_ Breed/mix \_\_\_\_\_

Facility Name (use a different form for each facility) \_\_\_\_\_

*For AKC verification purposes:*

Facility contact person \_\_\_\_\_ Title \_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Visit #	Date	Time In	Time Out	Staff Name (print)	Title	Staff Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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Volunteer Name \_\_\_\_\_ Dog Name \_\_\_\_\_

Which organization are you certified/registered with? \_\_\_\_\_

Visit #	Date	Time In	Time Out	Staff Name (print)	Title	Staff Signature
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
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