



Therapy Dog Record of Visits

Volunteer Name _____ Volunteer Phone#: _____

Dog Name _____ Breed/mix _____

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

Facility contact person _____ Title _____

Address + (city, state, zip) _____

Phone _____ Email _____

Visit#	Date	Time In	Time Out	Staff name	Title	Staff Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						