



**SAMPLE LETTER FOR  
DOCUMENTING VISITS**

**715-542-1044**

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(Documentation letters must be on facility/agency letterhead)

Date

7841 Kriek Ct  
St. Germain, WI 54558

Dear PDT THERAPAW Dog Program,

Please accept this letter as documentation that (your name) and her/his dog, (dog's name) have completed the 20 required visits for the PDT THERAPAW Dog title at our facility.

The volunteer and therapy dog visited from (date/year) to (date/year).

Signed,

Name of facility contact person:

Title:

Address (of facility)

City, State, Zip:

Phone:

Email:

**\*\*Note to therapy dog handler: If you visited more than one facility for your 20 visits, you would have a letter from each facility specifying the number of visits, you and your dog made to that facility.**