



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						
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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						
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