



## Companion Paws Canada

### Visiting/Assisted Therapy Dog - Visitation Record

Handler Name: \_\_\_\_\_ Dog Name: \_\_\_\_\_  
 Handler Cell: \_\_\_\_\_ Dog Certification Number: \_\_\_\_\_  
 Handler Email: \_\_\_\_\_  
 Facility Attended: \_\_\_\_\_ Facility Phone: \_\_\_\_\_  
 Facility Address: \_\_\_\_\_

***Completion of this form is required to support Companion Paws' liability insurance requirements.***

**Visiting Teams:** Submit this form at the beginning of each month, for the month prior, listing all team visits attended at a single facility that were not organized by Companion Paws Visiting Manager office.

**Assisted Teams:** Submit this form at the beginning of each month, for the month prior, listing all session 'visits' attended by your dog outside your usual 'practice' office/location (do not list client names)

**My Team's Assisted/Visit Record for the Month/Year:** \_\_\_\_\_

Visit #	Date	Time In	Time Out	Facility Contact Name
1				
2				
3				
4				
5				
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