



## Monthly Visitation Record Assisted and Visiting Designations

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

**Handler's Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

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

**Visiting Teams:** Please submit this form at the beginning of each month for the previous month, listing all team visits attended at a single facility that were not organized by the Companion Paws Visiting Manager's office. Each facility requires its own Monthly Visitation Record.

**Assisted Teams:** Please submit this form at the beginning of each month for the previous month, listing all Assisted sessions attended with your dog outside your usual practice office/location (please do not list any client names).

*We visited the following facility this month:*

Facility's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility's Address: \_\_\_\_\_

Facility's Contact Name: \_\_\_\_\_

Visit #	Date	Time In	Time Out
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
15			
16			
17			
18			
20			