



Date: \_\_\_\_\_

Name of person requesting visit: \_\_\_\_\_

Where will this visit take place?  Nursing Home  Medical  School  Retirement home  Day Care (adult / child)  Assisted Living  Behavioral Health  Library  Hospice

Other: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where will the teams need to report on their first visit? \_\_\_\_\_

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Please check what you would like our therapy dog teams to do during their visit:

- |   |  |
|---|--|
| <input type="checkbox"/> Petting sessions       | <input type="checkbox"/> Therapy interaction               |
| <input type="checkbox"/> Reading to the dogs    | <input type="checkbox"/> Work with Therapist/Teacher (AAT) |
| <input type="checkbox"/> Doing tricks with dogs | <input type="checkbox"/> Socialization activities          |
| <input type="checkbox"/> Other _____            |  |

Please list days and times that you would like teams to visit: \_\_\_\_\_

Please tell us the date you would like the visits to begin: \_\_\_\_\_

Please tell us the frequency you would like the visits to be: \_\_\_\_\_

How many teams (dog and handler) would you like to attend your facility at each visit? \_\_\_\_\_

Where will the dogs be able to have potty breaks? \_\_\_\_\_

Are there any additional requirements for your facility? (background checks, health screening, etc.) \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Where will visits occur? (patient rooms, common area, etc.) \_\_\_\_\_

Will you allow teams that are not fully certified yet? \_\_\_\_\_

By signing this form, I am certifying that our facility has approved the visits of therapy dogs from Pawsibilities Unleashed and I am authorized to request these visits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date