



Therapy Visit Request

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: _____

Contact person: _____

Phone: _____ Email: _____

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

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 |

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? _____