

Thera-Newfs Record of Visits

Handler/Owner Name _____

Signature _____

Dog's Call Name _____ Dog's Age _____ Registration (Pet Partner, TDI, etc.) _____

_____ Attached is a photo or comment (story) about pet therapy for use in Newfprints or website.

_____ Attached is proof of AKC therapy dog title (if applicable) Titled dogs do not need record of visits.

VISIT #	DATE	FACILITY NAME	CITY/ STATE
1			
2			
3			
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Submit by March 1 to:

Laurel Rabschutz
 256 Jared Sparks Road
 Willington, CT 06279

or e-mail to: Newfdance@hotmail.com

