



Record of Visits

Furry Friends Pet Assisted Therapy Services

Volunteer Name: _____

Address: _____

Phone number: _____ Email address: _____

Dog name: _____ Registered AKC Name (if different): _____

Dog breed: _____ AKC number: _____

Visit #	Site	Date	Time	Captain's Signature
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Visit #	Site	Date	Time	Captain's Signature
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