



The Foundation for Pet Provided Therapy  
 P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326

### 10 Hour Visit Record

(Please include this completed Visit Record in your application for certification.)

**Note:** Your Dog Obedience/Control Evaluation is to be completed before starting your 10 Hour Visits.

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ (at least 12 months)

Pets Owner/Handler's Name \_\_\_\_\_

Chapter Name/Location \_\_\_\_\_

Visit	Date	Length of Visit	Facility/Event	Activity Performed	Comments/Contacts
1 (SAMPLE)	5-21-06	60 minutes	Meadows Retirement Home Of Milwaukee	Regularly scheduled weekly visit	Fido seemed to really enjoy his first visit.
1					
2					
3					
4					
5					
6					
7					
8					
9					

**Congratulations on completing your first 9 visits! You can ask to have your visit evaluation signed below after you complete Visit #10! Please return this completed form with your application for certification.**

10					
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Signature of Evaluator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_