



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.
 Ten hour visits must be completed within one year from date of control evaluation.)*

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

Pet's Name _____ Breed _____ Age ____ (at least 12 months)

Pet's 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					
10					

Congratulations on completing your first 10 visits! It is time to have your LOAL Visit Evaluation form completed by an evaluator. Please include this completed form with your application for certification.