Love on a Leash®

Volunteer Pet Therapy Visits Log

Handler Name: ______________________________ Member #: _______ City, State: __________________________

Pet Name: ________________________ Pet Member #: _______ Pet Type (circle one): dog cat rabbit

Breed: ______________________________

Date	Length	Name of Facility	Type of Visit
1/1/20 (example)	1 hr	Carlsbad By The Sea	elderly social, reading, special education, hospice, hospital, veteran, school stress relief, court, jail, etc.