



Hospital Visitation Program

Date: _____

Handler: _____

Dog: _____

Address: _____

Breed: _____

Birth Date: _____

Home #: _____ Work: _____

Spay/Neuter: _____

Cell: _____ email: _____

Team: _____

What do you think of:

- 1) Testing procedures? _____
- 2) Testing (Jan., May, Oct.)? _____
- 3) "Socials" (Feb., June, Nov.)? _____
- 4) Team Leaders Keeping log books? _____
- 5) Summers off ? _____ Visiting this December? _____
- 6) Rotating teams? _____

Are you willing to:

- 7) Visit more than once a month? _____
- 8) Be involved in special events for the facilities? eg. Dog show, CGN, etc... _____
- 9) Help with the next testing? _____
- 10) Do you need club clothing? _____ Dog Scarf? _____

Comments: _____

