Date: 
Name of Facility: 
Type of Facility: 
Address of Facility: 

Number of Employees/Residents/Students to be present for therapy visits: 

Describe the environment (visits will be made in an open area, individual rooms, i.e.):

Do you prefer day time or night time visits: 
Preferred day(s) to visit: 
Do you prefer small/large or any type of dog: 
Is there a maximum number of dogs allowed per visit: 

Contact person for visits: 
Phone Number of Contact person: 
Email Address: 

How did you hear about us: 
Please email this form to Debbie Benningfield, cfbcangelpaws@gmail.com