



Angel PAWS Pet Therapy Ministry

Champion Forest Baptist Church

Visitation Request

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, cfcangelpaws@gmail.com