



CAP Pet Therapy Visit Record Form

Please consider the following when completing this form.

- You may count all visits with different animals but please use a separate form for each animal.
- Note only Board approved visits and events may be included.
- When you have completed a total of twenty-five visits (over as many seasons as required), make a copy of this form and submit the form to the “Giver of Stars” at the address below. You will receive a star for your nametag, and a star for your pet’s scarf.

Handler’s Name: _____ Animal’s Name & Breed: _____

Address: _____

City, State, Zip Code: _____

Total number of visits to date (including those included below 25, 50, 75, etc): _____

	Date	Visit Site	Animal’s Name
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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22			
23			
24			
25			

Please return completed form to:
Liuda Raponi, PO Box 3139, Pocasset MA, 02559