Bearded Collie Club of America
Therapy Visitation Documentation Form

Registered Name of Dog: _____

Call Name: _____ Date of Birth: _____

Reg. No. _____ AKC / ILP / Foreign (circle applicable registry)

Breeder: _____

Sire: _____

Dam: _____

Owner: _____

Address: _____

Phone No.: _____ E-mail Address: _____

Name of therapy organization, if applicable _____

Therapy certification number/badge number: _____

Facility Name/Address	Date	Length of Visit	Printed Name and Certifying Signature