



ASSISTANCE DOGS NORTHWEST

Unleashing Abilities.

## Therapy Dog Request Form

Group/Company \_\_\_\_\_

Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Requested Date(s) of Visit \_\_\_\_\_ Time \_\_\_\_\_

Size of Group \_\_\_\_\_ Average Age \_\_\_\_\_

Please briefly describe your goals for the ADNW Therapy Dog Visit(s) and how much time you'd like the dogs to be present:

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Are you also looking to have a presentation about Assistance Dogs integrated into the visit as well?

- Yes.
- Not at this time

If you checked "Yes" to the question above, please check all that apply:

- DVD player with TV
- Ability to connect a laptop to a TV or Projector
- Screen and Projector

[Assistance Dogs Northwest – 12101 Miller Rd NE - Bainbridge - WA - 98110](#)

\*\*\*For ADNW Office Use Only\*\*\*

Date and time of visit: \_\_\_\_\_

Staff and volunteers attending:

Phone numbers:

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Dogs going to visit:

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Materials needed:

Group's knowledge of Assistance Dogs:      None      Some      Very well informed

Additional Comments:

Recap of visit: