BEARDED COLLIE CLUB OF AMERICA • Therapy Visitation Documentation

Registered Name of Dog _____ Call Name _____ Date of Birth _____

AKC ☐ ILP ☐ or Foreign Registry ☐ Number _____ Breeder _____

Sire _____ Dam _____

Owner _____ Phone No _____ E-mail Address _____

Address _____

Name of therapy organization, if applicable _____Therapy certification number/badge number _____

Does your dog have the AKC THD title? Yes☐ No☐ ***The Avery Award*** - how many visits during this year were with children in a hospital setting? _____

The Casey Award - Is your dog a rescue? Yes ☐ No☐ Does your dog have a physical disability? Yes ☐ No☐

Please Specify _____

Facility Name/Address	Date	Printed Name and Certifying Signature

EMAIL PRINT SAVE

Facility Name/Address	Date	Printed Name and Certifying Signature