

FACILITY VISITING PROGRAM

(complete for new or revised programs)

Name of Facility:

Description of Facility (hospital, memory care, school, etc)

Facility Address:

Facility Coordinator Contact Info:

Population served at facility:

Special Skills needed by Pet Partner teams:

Visit days/times:

Facility Requirements: (application, interview, orientation, etc.)

Notes: (please share any information that would be helpful as we try to place appropriate teams)

Copies of this form should be distributed:

Current VP Mo-Kan Pet Partners

Facility Representative

Facility Coordinator