

## FACILITY VISITING PROGRAM

(complete for new or revised programs)

Date:

Name of Facility:

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

Type of Environment: (highlight) Predictable or Complex

Facility Address:

Facility Coordinator Contact Info (Mo- Kan Member – name, phone, email):

Facility Contact (name and title, phone, email):

Population served at facility:

Special Skills needed by Pet Partner teams:

Visit days/times:

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

**\*always supply current Pet Partner team registration validation and animal vaccination record**

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