Pet Assisted Therapy

Facility Request Form

Facility Name:

Address:

Phone Number:

Facility Type

How many patients in your facility?

How many patients will participate in our PAT per visit?

(check-box)

One-time request

On-going visits

(check-box)

Non-profit

Contact Person:

First Name:

Last Name:

E-mail:

Phone Number:

How did you hear about us?

Other comments: