



Paws for People®

(011) 768 3643/082 901 8267
P.O. Box 6356, Westgate, 1734
www.pawsforpeople.co.za

Supervised Visit Sign-Off Sheet

Handler:

Name of dog: **Breed:** **Age:**.....

This certifies that and have successfully completed the AKC CGC and PFP Aptitude tests on

After attending the next situational training on and completing 6 supervised visits, without incident, the handler and dog team will be considered for permanent certification for membership of Paws for People Therapy Dog Unit.

Record of Supervised Visits.

| <u>Date</u> | <u>Facility</u> | <u>Unit Leader</u> | <u>Pass/Fail</u> |
|-------------|-----------------|--------------------|------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |

General Comments and final signature from Unit Leader

Ready to be annually certified:

Yes

No