

Therapy Dog Log Sheet

Therapy Dog Merit Badge for _____ and _____.

Date _____ Location _____

Verification Phone Number: _____ Name of contact: _____

Notes _____

Date _____ Location _____

Verification Phone Number: _____ Name of contact: _____

Notes _____

Date _____ Location _____

Verification Phone Number: _____ Name of contact: _____

Notes _____

Date _____ Location _____

Verification Phone Number: _____ Name of contact: _____

Notes _____

Date _____ Location _____

Verification Phone Number: _____ Name of contact: _____

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