

# Facility Visitation Form



Mail to: PO Box 3488, Seminole FL 33775

Email to: [ProjectPUP@yahoo.com](mailto:ProjectPUP@yahoo.com)

Screening Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Pet or Pets' Name: \_\_\_\_\_

1. Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

2. Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

3. Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

**\*\*\*\*This form MUST be completed AND returned BEFORE you are an official PUP Volunteer!!!** In other words, if we don't have this information, we can't cover you under our liability insurance.