

**4 Paws of Love**

**Visit Record Log**

Handler's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Handler's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Visit #	Date	Time In	Time Out	Facility	Staff Name (Print)	Staff Signature
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