

PAW-PALS



SUPERVISED VISIT EVALUATION

Date of Visit: _____

Facility Visited: _____

Handler: _____

Dog's Name: _____

In my opinion the dog whose name appears above is of sound temperament, shows me clearly that the handler has full control of this dog, and he/she would qualify to serve as a Therapy Dog under the name of Paw Pals.

COMMENTS:

OBSERVER: _____

Please return this form to:

TDTC Paw Pals Coordinator

6307 S 107th E AVE

Tulsa OK 74133