



St. John Ambulance

## THERAPY DOG PERSONAL RECORD

OWNER'S SURNAME	GIVEN NAME	FULL ADDRESS	
NAME OF DOG	BREED OF DOG	DOG I.D. (TATTOO OR LOCATOR NUMBER)	
DATE OF BIRTH	DATE OF ENROLLMENT	MALE / FEMALE	Spaded / Neutered / Intact

YEAR	VET FORM RECEIVED	VISITS	COMMENTS

CERTIFICATES & AWARDS	DATE	CERTIFICATES & AWARDS	DATE
Therapy Dog Certificate			
Therapy Dog Medallion:			
- 75 Visits Medallion			
- 150 Visits Medallion			
- 250 Visits Medallion			
- 500 Visits Medallion			
- 750 Visits Medallion			
- 1000 Visits Medallion			