



SHARE-A-PET FACILITIES INFORMATION FORM

Name of Facility: _____

Contact Name: _____ Title: _____

Email Address: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: _____ Contact Phone Number: _____

How did you hear about Share-A-Pet? _____

Type of Facility:

Assisted Living

Nursing Home

Care Center

Rehabilitation Center

Children's Center

Hospital

Other _____

Number of Patients/Residents: _____

How many Teams would you like to have visit during the week? _____

What Days of the Week would you like to have the visits?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

What Time of Day is best for the visits (check all that apply)?

Morning [9am – 12pm]

Specific Time(s): _____

Afternoon [1pm – 5pm]

Specific Time(s): _____

Evening [6pm – 8pm]

Specific Time(s): _____

Will the Teams be required to check/sign in with each visit? Yes No

If Yes, where is the check in location: _____

Are there any special rules that you wish for the Volunteers to follow?

No dogs on beds

Close toe shoes

No cologne

Other _____

Additional Information: _____

Signature _____

Date _____