

**PT NAME:** \_\_\_\_\_ **CLINICAL #:** \_\_\_\_\_

**VOLUNTEER:** \_\_\_\_\_ **VOL ID #:** \_\_\_\_\_ **DOG NAME:** \_\_\_\_\_

**NOTE: On your FIRST visit with a patient, verify the patient's identity with two of the following identifiers. Circle two:**

1. Name
2. Address
3. Introduction by family member or staff
4. Known to volunteer

Date \_\_\_\_\_ Initials \_\_\_\_\_

TYPE	DATE / HOURS / CODE(S)	DATE / HOURS / CODE(S)	DATE / HOURS / CODE(S)	DATE / HOURS / CODE(S)	DATE / HOURS / CODE(S)
<b>Visits</b>	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____	# Hours: _____
	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____	Code(s): _____

**Codes for Visits:**

- A. Conversed with patient/family/caregiver
- B. Pet Dog

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Activity Time is rounded to the nearest Quarter hour and includes travel time.  
**Remember** – please return your forms **MONTHLY!**

**Thank You!!**