



Faithful Friends Inc.

No Kill Animal Shelter

Creating a circle of compassion for pets and people

Veterinarian Reference - Pet Therapy Program

Veterinarian Name: _____

Practice: _____

Address: _____

Phone: _____

Email: _____

Name of Family Pet (first and last name): _____

I ___ recommend this pet for pet visitation in a nursing home. This pet appears to have a good temperament, is free of parasites and has his/her shots up to date (attach vaccination records)

I ___ do not recommend this pet for pet visitation in a nursing home.

Please explain - either choice - based on your experience with this pet:

Signature of Veterinarian

Date

12 Germay Drive
Wilmington, DE 19804

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