Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Animal’s name | Facility | Number seen (clients,staff, visitors) | Time spent at facility | Was staff present? | Need help? Please call Debbie directly |
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**Please share special healing stories, things you’ve learned, things that went particularly well, or things your animal taught you.**