

DOG VISITATION REGISTRATION FORM

(Please Print Legible)

RESIDENT'S
NAME(s):

RESIDENT'S
UNIT:

BREED:

COLOR:

OWNER
INFORMATION:

NAME:

ADDRESS:

TELEPHONE No.:

()

Email ADDRESS:

This form must be filled out and returned to the Therapeutic Recreation Office, East Pavilion, Room E-36, with the proper veterinarian health certificate as indicated by the enclosed Dog Visitation Policy and Procedure. A separate form must be filled out for each dog that you own and wish to bring to the Long Island State Veterans Home. As the policy states only one dog may visit at a time.

The form and veterinarian certificates will be reviewed and updated yearly.