

American Bullmastiff Association, Inc.
Working Dog Application Form – Therapy Dog Verification

Dog's Registered Name: _____ Dog's Call Name: _____

DOB _____ Therapy Dog ID # _____ Name of Certifying Organization: _____

Owner's Name: _____ Telephone _____

Activity Log:

Visit #	Date	Name & Address of Facility/Event/Home Shut In, Etc.	Phone #	Contact Person	# of People Visited	Signature of Contact
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*** Copy of therapy dog certification MUST be included with submission ***