

## Leonberger Club Of America Therapy Leo Log

Name of Handler: \_\_\_\_\_ Call Name of Dog: \_\_\_\_\_ Name of Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Therapy Affiliation: \_\_\_\_\_ LCA Registry # \_\_\_\_\_ Registered Name: \_\_\_\_\_

Visit #	Place of Visit, Address & Telephone # *	Date of Visit	Name of Person in Charge **	Signature of Person in Charge **
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

Owners Signature: \_\_\_\_\_

Call Name of Dog: \_\_\_\_\_