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**My Caring Paws**

**Pet Therapy Services - Volunteer Tracking Form**

***A Component Fund of the Community Foundation of Carroll County***

**Name of Handler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Dog\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Facility** | **Date** | **Type of Clients** | **# of Clients** | **# of Hours** | **# of Miles** |
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Please keep track of your hours on this form until we get a program on the computer.

It is important to keep your hours in case we do need to put in for a grant, and insurance purposes. They are always interested in how many hours you serve as a group per month.