Wellbeing
Animals
Guernsey

REQUEST FOR WAG THERAPY DOG VISITS

Establishment	
Name of establishment:	
Address:	
	Postcode:
Phone no:	Email:
Type of establishment:	
Reason for requesting visits:	

Please could you contact us to discuss providing therapy dog visits :

Name:	Job title:
Phone no:	Email:

Signed: _____ Date: _____