



The International Cat Association, Inc.
 Wherever you are, you're in TICA's World! Fabulous felines, fun and friendship.
Therapy Cat Visit Record



Please send to:
 TICA, Inc.
 P.O. Box 2684
 Harlingen TX 78551
 therapycats@tica.org

Instructions:

1. **Download** the form.
2. **Open** the form in Adobe Acrobat Reader.
3. **Fill out** the form.
4. **Save** and choose "Email Form" to send the form.

Contact Information

First Name: _____ Last Name: _____
 Email Address: _____

Cat Information

Name: _____ Registration Number: _____

List Therapy Cat Visits below. (One cat per sheet.) Use additional pages as needed. This form is to be used to supplement the Therapy Cat Title Program form.

Date	Facility Name	Facility Contact Name(s)	Facility Contact Phone
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.			