



The International *Cat* Association

Therapy Cat Visit Record

Instructions:

1. Download the form.
2. Open the form in Adobe Acrobat Reader.
3. Fill out the form.
4. Save and Submit at <http://tfms.tica.org> 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
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