



STUDENT WELLNESS HUB ANIMAL THERAPY  
VISIT REQUEST FORM

Name of unit requesting therapy dog visit:

Name of coordinator for the visit:

e-mail:

telephone:

Location of the visit:

Date of visit:

Time of visit (visits last 1 hour):

Location of parking facility (off-street parking must be provided and paid for by the organizer):

Any special requests ?

Please send this form to [swhat.hub@mcgill.ca](mailto:swhat.hub@mcgill.ca)

Thankyou!