

# Capital Area Humane Society

Please complete this form and return it to the Humane Society at least 30 days prior to your requested Pet Visitation date.

Are you requesting: \_\_\_\_\_ one time visit \_\_\_\_\_ recurring visit

Name of Organization:

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Contact Person/title:

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Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

Address of Facility:

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Preferred dates or days of week (please give more than one option):

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Preferred time of day: \_\_\_\_\_

Number of residents that will be visited:

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What species of animals may visit?

dog  cat  guinea pig  rabbit  no preference

Please return form to:

Capital Area Humane Society  
Mary Hiser, Development Manager  
3015 Scioto-Darby Executive Court  
Hilliard, OH 43026  
614-777-7387 ext. 221  
Fax: 614-777-8449  
[MHiser@cahs-pets.org](mailto:MHiser@cahs-pets.org)