



**VISITOR REPORT FORM - Please return by 7/01/2026**  
**October, November, December 2025**  
**(Please use a separate form for each Aged Care Facility visited)**

**VOLUNTEER VISITOR'S NAME:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

**NAME & SUBURB OF AGED CARE FACILITY VISITED:** \_\_\_\_\_

**REFERRED RESIDENTS TO VISIT:** \_\_\_\_\_

Date	Enter <u>only names of REFERRED recipients</u> visited, card left or phoned. Add any comments overleaf.	Office Use		
	<b>One-on-One</b>	<b>This Period</b>		
	<b>Group visits</b>	<b>V#</b>		
	<b>One-on-One</b>	<b>Multi ACFs Tot</b>		
	<b>Group visits</b>	<b>V#</b>		
	<b>One-on-One</b>	<b>OOP</b>		
	<b>Group visits</b>			
	<b>One-on-One</b>	<b>V# per Rec</b>		
	<b>Group visits</b>	<b>Code</b>		
	<b>One-on-One</b>	<b>O</b>		
	<b>Group visits</b>	<b>G</b>		
	<b>One-on-One</b>			
	<b>Group visits</b>			
	<b>One-on-One</b>			
	<b>Group visits</b>			
	<b>One-on-One</b>			
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	<b>One-on-One</b>			
	<b>Group visits</b>			
	<b>One-on-One</b>			
	<b>Group visits</b>			

These visits have bee made by me on behalf of the Caring Canine Companions Program & the ACVVS Scheme Date: \_\_\_\_\_

Are "Out of Pocket" expenses required?  Yes  No If YES, please supply Bank details if not already supplied or have changed

NAME ON ACCOUNT: \_\_\_\_\_ NAME OF BANK: \_\_\_\_\_

BSB: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**Please return your Report Form to the postal address or by email by 7<sup>th</sup> of January 2026. If this form is received after this date "Out of Pocket Expenses" may not be paid.**

## **HOW TO COMPLETE THIS FORM**

Reporting to the Department of Health requires the number of times each referred resident is visited. To qualify for funding, 20 visits must be made to a referred resident during the financial year (1 July to 30 June). **Please contact us if you are unable to visit 20 times, are on leave or unwell.**

1. Please enter the date of your visit. **DO NOT** enter dates if you do not visit.
2. In the third column enter names (from your list) of referred residents visited or card left - either against the one-on-one row or the Group row. **DO NOT** enter names of residents who do not have a referral. If you wish, you can add these into the 'Comments' section below.
3. **If you visit more than 12 times in the quarter**, please add another form and number it "page 2".
4. **Please let us know as soon as possible if one of your referred residents passes away.**

**IMPORTANT:** Please ensure you return this form with all details of your visits, regardless of whether you are claiming Out of Pocket Expenses. Even if you did not visit during the quarter, you must still submit the form and provide an explanation for not visiting in the comments section. **\*\*It is a requirement of our funding that every visitor completes and returns the Visitor Report forms within 2 weeks after the end of the quarter. \*\***

## Comments