

IOWA COUNTY HUMANE SOCIETY

Pet Walk Wisconsin Program



Hours Walked Log Sheet

Please **PRINT**

Year: _____

Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Total Hours Walked for Year: _____ (**MUST** be filled in with total hours or forms will be returned)

Date	Location	Hours walked per day	Cumulative

TOTAL HOURS WALKED THIS PAGE: _____