



CANINE SCENT DETECTION RELATED COMMUNITY SERVICE FORM

WDDO Member Name: _____

Location of Service: _____

Description of Donated Services:

Date(s) of Service: _____

Hours Performed: _____

This form verifies that WDDO member, named above, performed canine-related community service at our organization.

Authorized Signature: _____ **Date:** _____

Name: _____

Organization: _____

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Please return completed form to secretary@wddo.org. Thank you!