

Animal Assisted Therapy Informed Consent Form

THERAPY DOG INFORMATION

Name:

Gender:

Breed:

Age:

Brief Information:

CLIENT INFORMATION

Name:

Gender:

Age:

Phone Number:

E-mail:

Address:

The following Consent identifies and describes Rules, Risks and Benefits associated with Animal-Assisted Psychotherapy(AAP).

Health and Therapy for Animals offers AAP interventions including interactions with and handling of Practice Therapy Animals as follows: dogs, cats, small mammals, and various reptiles.

Please put a check next to the statement(s) that is applicable to you (or to your child):

I am afraid of dogs.

I have allergies to animals.

I have an autoimmune disease.

I have cancer and I am going through cancer treatment.

I have been diagnosed with a medical ailment that may compromise my health if I am in close proximity to a dog.

I have respiratory problems.

I am not aware of any ailments or medical conditions my child(ren)'s have that would prohibit physical interaction such as handling, touching, kissing and laying on the dog.

Rules

- Please be aware that each animal have individual rights, just as each Client has individual rights. The animals will never be forced to participate to AAP sessions as each animal's will to do so shall be considered. Each animal is allowed to determine if and when they participate.
- Each animal's right to have a protected and a quiet place to rest is protected by our institution. They are housed, eat, play, rest, and sleep in those areas and those areas are protected surroundings and they should not be disturbed or handled until a staff member safely removes them from those areas.
- The animals will be treated and handled gently (no hitting, pulling tail, hair, ears, yelling or any other actions that may cause the dog to become uncomfortable and/or jeopardizing the dogs safety. In the event such behaviors exist, the dog/s will be removed immediately and future sessions with the client will be evaluated for the safety and effectiveness of AAP for the Client.
- Each animal must be present in any situation in the presence of a staff member. Therapy animals shall never be left unattended with the Client.
- If any animal becomes irritated, scared or in any way acts in a negative manner, the animal shall be put in a safe place and condition by a staff member, the staff member shall be in charge with calming the animal. No other person shall intervene with the calming process.
- The Clients are asked not to bring their own animals to the therapy sessions in order to prevent any unwanted interactions with our therapy animals.
- Parents or guardians of minors who are under the age of 12 must remain on the premises during the minor's session.

Risks

- As animals have their own natural defenses, it is possible that a Client shall get bitten or scratched even though the staff member shall put the best effort to prevent such inconvenience.
- A light biting may occur as the animals use their mouth to play or express their feelings. The Client should agree and understand that it is not a deliberate attempt to hurt the Client, in contrast, it shall be an unconscious action while playing.
- Animal's saliva, body surface, fur and/or hair are potential allergens to clients. If the Client has had any previous allergic reactions to animals please disclose the specific details of the response to our staff prior to consenting to AAP. Allergic responses are considered serious and our practice should be fully aware of any previous reactions.
- Sanitation of the environment and of hands is necessary to minimize containments and spread of germs. Our Institution will provide antibacterial wipes, hand sanitizers and soap. Staff and clients must use sanitizing products before and after interacting with Practice Therapy Animals. Any soiled areas (e.g. should an animal have drainage coming from their mouths and/or have a soiling accident) the areas will be contained and the surface(s) will be disinfected with proper sanitizing products safe for the animals and clients. Please allow our staff time to contain a soiled area prior to continuing with therapy.

Acknowledgment

By signing this form, you are hereby declaring your understanding and accept the rules and regulations of the institution as well as the guidelines set forth in the care and responsibilities of animal-assisted therapy. You are fully releasing the Institution from any liability or damages, should any occur during the period of therapy with the help of pets. You understand the benefits and risks involved in the method of animal-assisted therapy treatment and accept the full liability in the event that the therapy animal inadvertently harms you or your child during the course of treatment.

I hereby declare that I understand and acknowledge the information above. I have had the opportunity to ask questions which answers were given to me to my satisfaction. I accept the terms and conditions of this consent and I assume all the risk that attaches herewith.

If you are of legal age and have the full capacity to give your consent to animal-assisted therapy sign the document yourself.

If you are not of legal age, your legal representative/guardian should sign this document on your behalf.

Name of the Client

Name of the Parent/Guardian (if applies)

Signature

Signature

Date Signed

Date Signed



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