



**Consent Form for Courage to Connect Counseling, PLLC's
Animal-Assisted Psychotherapy (AAP) Participation**

The use of animal assisted psychotherapy (AAP) at Courage to Connect Counseling, PLLC will promote client comfort, accelerate rapport building, encourage trust, elevate mood, reinforce activities of daily living (ADLs), increase interpersonal contact, encourage communication and encourage self-care through the use of a dog as a modeling companion. In conjunction with other evidence-based practices, AAP will enhance socialization, create comfort, reduce anxiety, improve physiological health, encourage clients to open up in session, reduce resistance in treatment, build trust, explore self-soothing techniques, increase interpersonal effectiveness, increase self-esteem, increase empathy, increase emotional regulation skills, increase distress tolerance, problem solving, anger management, and increase motivation. AAP is an innovative way of helping students reduce stress who have struggled with the school environment in the past.

Although AAP comes with many benefits, it also comes with inherent risks. When working with therapy animals we **cannot be 100% sure** that their behavior will always be predictable. We will follow Courage to Connect, PLLC's standards of practice as well as their policy and procedures in regard to animal participation. The therapy dogs participating have been medically screened and passed the nationally recognized Canine Good Citizen Test and National Service Animal Registry's database. Knowing this, **I, and anyone who might claim on my behalf, release Courage to Connect Counseling and its staff from liability of any kind arising out of personal injury, and property damage resulting from my participation in AAP at Courage to Connect Counseling, PLLC.**

I assume all the foregoing risks and **accept personal responsibility** for all expenses, medical or otherwise, following any such damages or injuries, which may in any way be associated with my child's participation in AAP at Courage to Connect Counseling, PLLC. This may include but is not limited to injuries that the therapy animal or student sustains.

Any known aversions to animals or acts of animal abuse and/or neglect? Yes No

If yes, please explain: _____

Any known allergies _____

Emergency Contact name and number _____

Client's Name _____

Client's Signature _____ Date _____

Guardian's Signature (if under 15) _____ Date _____