Chatrath Counselling Centre

Animal Assisted Therapy Consent

Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential.

First Name: _____ Last Name: _____

Email: _____

Date of Birth (Month / Day / Year): _____ Guardian: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Card on File

Chatrath Counselling Centre requires that you put a card on file for contactless payments. Card details are collected securely through Jane at intake — please do not write card numbers on this form.

☐ I am aware of the Cancellation Policy.

Animal-Assisted Therapy (AAT)

Animal-Assisted Therapy (AAT) is, by definition, an alternative or complementary type of therapy that includes the help of animals in a therapeutic treatment process, and is led by Patricia Audette B.A., M.A., CCC who has training in Animal Assisted Therapy (AAT). Some of the benefits of AAT include emotional recognition/regulation, reduction of anxiety/stress, decrease depression, ability to address grief and loss, reduction in blood pressure, self-esteem enhancement, improve emotional and behavioral difficulties, improved socialization skills, improve ability to trust.

Screening for Animal Assisted Therapy

Please identify how each of the statements below pertain to you (Yes / No):

I am afraid of dogs. ○ Yes ○ No

I am afraid of cats ○ Yes ○ No

I am allergic to dogs ○ Yes ○ No

I am allergic to cats ○ Yes ○ No

I have been diagnosed with a medical ailment that may compromise my health if I am in close proximity to a dog. ○ Yes ○ No

I have been diagnosed with a medical ailment that may compromise my health if I am in close proximity to a cat. ○ Yes ○ No

I confirm that I am not aware of any ailments or medical condition that would prohibit physical interaction with a dog. ○ Yes ○ No

I confirm that I am not aware of any ailments or medical condition that would prohibit physical interaction with a cat. ○ Yes ○ No

Risks Related to Animal Assisted Therapy

Please confirm your acknowledgement of the following risks that are associated with Animal Assisted Therapy (AAT):

☐ Animals have their own natural defences that can protect them if they feel threatened or uneasy. These defences may include, but are not limited to, scratching or biting.

☐ Animals often use their mouths in play, and in that process, they can break the skin. Animals have sharp teeth that can cause small cuts.

☐ The animals will be groomed; however, in the case that the animal(s) become dirty, they may transfer dirt or germs to their handler or other persons in their presence.

☐ Animals communicate their wants and needs through vocalizations, which may include, but are not limited to, barking, whining, growling, hissing, etc. These vocalizations may cause your child to become anxious.

☐ The animals have been screened by a veterinarian for parasites and other communicable diseases. The animals have received their vaccinations and are healthy.

Rules Related to Animal Assisted Therapy

1. All clients must treat the therapy animal(s) with care and respect at all times.

2. The client must communicate any fear of, and/or discomfort with, the animal(s) to the therapist as soon as possible, so that she may determine whether or not the animal(s) should be removed.

3. The client must follow instructions given by the therapist at all times, even if the instructions involve removing the animal(s) from the session room.

4. At no time shall the client feed the animal(s) or give the animal(s) any food, treats or drinks.

5. No food, drinks, or treats should be provided to the client while in the presence of the animal(s).

Parental Consent(s)

1. Informed Consent for Participation: the parent/guardian is granting consent for their child to participate in Animal Assisted Therapy (AAT) services that are provided by Chatrath Counselling Centre, and for the treatment team to consider the child's participation in the animal-assisted activities and interactions.

2. Medical Information Disclosure: the parent/guardian acknowledges that they have disclosed any medical concerns, conditions, or allergies which may affect their child's participation in the AAT services.

3. Assumption of Risk: the parent/guardian assumes the risk of injury due to the involvement of animals in the therapy process, and acknowledges that the animals can become unpredictable at times.

4. Release of Liability: the parent/guardian releases Chatrath Counselling Centre and all of its staff, agents, and volunteers from any liability arising from the participation in the AAT activities.

5. Compliance with Rules: the parent/guardian agrees that their child will comply with the rules outlined above.

6. Right to Withdraw: the parent/guardian acknowledges that they can withdraw their child from the AAT activities at any time, and their child will still continue to receive counselling services.

Signature: _____ Date: _____

Printed name: _____

Second Signature: _____ Date: _____

Printed name: _____

Consents

Appointment Notifications and Reminders: Email notifications of new, cancelled, and rescheduled appointments; email 7 days before appointment; email 2 days before appointment. Text Message (SMS): standard messaging & data rates may apply. Text message (SMS) 2 hours before appointment.

Animal Assisted Therapy Consent for Minor Child

I, the parent/guardian, on behalf of the child identified herein, acknowledge the risks associated with animal assisted therapy, and consent to the participation of the child in the AAT treatment with Patricia Audette, B.A., M.A., CCC. I acknowledge that I have read the risks outlined above and understand that animals may scratch, bite, chew, and make messes. I further release and hold harmless Chatrath Counselling Centre and Patricia Audette, B.A., M.A., CCC from any and all claims, damages, or other liability whatsoever arising out of or in connection with the use of animals in the treatment of my child, even if such claims, damages or other liability are caused by the negligence of Chatrath Counselling Centre and Patricia Audette B.A., M.A., CCC. I understand that my child may withdraw from animal assisted therapy at any time and continue to receive therapy services, and I am aware of the risks, including the risk of death and bodily injury, associated with animal assisted therapy, and my decision to allow my child to participate is voluntary.

☐ I agree to the above Animal Assisted Therapy Consent for Minor Child.

Signature: _____ Date: _____

Printed name: _____