



CONSENT AND RELEASE OF LIABILITY FOR ANIMAL ASSISTED THERAPY

Bailey, a 4 year old Puggle, is a comfort therapy dog for Animal Assisted Therapy at Let's Conquer This, LLC. She will be in the building and available to join sessions with you upon your signed consent! She has been around small children, teens, adults, and other animals her entire life and is laid back and very friendly. She is groomed on a consistent basis and is regularly updated with shots and veterinary appointments to maintain her consistent good health.

I hope you are comfortable and find it to be beneficial to have Bailey in your sessions, as the benefits are great. However, if you are not, it is quite ok! She can be kept in a crate in another office. Therapy animals can be a vital part of treatment. Some benefits of having an animal involved in your therapy are

- The simple act of petting animals releases an automatic relaxation response.
 - Humans interacting with animals have found that petting the animal promoted the release of serotonin, prolactin and oxytocin- all hormones that can play a part in elevating moods.
- Lowers anxiety and helps people relax.
- Provides comfort.
- Reduces loneliness.
- Increases mental stimulation.
 - Assist in recall of memories and help sequence temporal events in patients with head injuries or chronic diseases such as Alzheimer's disease.
- Can provide an escape or happy distraction.
- Can act as catalysts in the therapy process.
- May help break the ice.
 - May reduce the initial resistance that might accompany therapy.

Like any other animal, Bailey's behaviors and reactions cannot be 100% predictable. Therefore, it is important for you to know the risks and rules needed to ensure both your health and safety as well as Bailey's. While I have listed some of these risks below, I cannot foresee all potential problems that may occur. Therefore, by signing this form you are releasing Alyssa Beer, LCSW, CFRC from any liability should any injury occur as part of your treatment at Let's Conquer This, LLC.

RISKS:

- 1.** Bailey has completed 12 weeks of training to take part in Animal Assisted Therapy here at Let's Conquer This, LLC. You may opt to not have her a part of your session. Should you choose this, she will stay in her crate for the duration of your session. Please do not feel obligated to have her participate.
- 2.** Animals have their own natural defenses. While I will do everything possible to prevent any injury, it is possible that someone will get scratched or bitten simply because she is an animal. It should be noted, Bailey has never had any incidents of aggression in any manner in the entirety of her lifetime.
- 3.** Animals often use their mouths in play. Therefore, even when playing, it is possible for light biting to occur. When playing with a toy with Bailey, she may miss the toy and get your finger. When she realizes this, she releases and does not bite down, but you may still feel her teeth. Again, please note that she has never bitten anyone for any reason. There will not be any toys in sessions so Bailey is focused on you, not the toy.
- 4.** While Bailey has been screened by a veterinarian before commencing to work as a therapy animal, animals do sometimes carry disease. Because your contact is minimal, this risk is very small. Bailey is up to date on all of her vaccinations and in excellent health.



5. If you have a history of allergic reactions with animals/dogs, it is possible you would have an allergic reaction with Bailey. Please let me know if you typically have allergies to animals.

RULES:

1. Animals have individual rights, just as each client has rights. Therefore, Bailey is allowed to determine if and when she participates with others. While it may be planned to have her in session, she will never be forced to do so.
2. Bailey has her own quiet space in the front office where she can rest, sleep, or just take a quiet break. This is separate from the therapy office. She should not be disturbed when she is in this area.
3. Bailey should always be treated gently. She should never be hit, have her tail or any other parts pulled, be carried or treated in any other way that is uncomfortable to her.
4. Bailey will always need me present in any therapeutic situation.
5. If Bailey becomes irritated, scared, or in any way acts in a negative manner, I will put her in a safe place. No other person should touch her at these times.
6. Bailey can only be utilized by myself, her therapist handler, for therapeutic sessions.
7. Because of the unpredictability of animals in unfamiliar situations, clients may not bring their own animal to be involved in their therapy session.
8. Parents or guardians of children under the age of 10 must remain on the premises during their child's session or be immediately available by cell phone.
9. Clients must wash their hands, use hand sanitizer or sanitizing wipes before and after touching Bailey.

By signing below you are agreeing that you have read this in its entirety, stating your acceptance of these rules and risks, and agree to accept full liability in the event that Bailey harms you or your child in any way in the course of treatment or you or your child is harmed in any way as a result of being on the property of 17 Merline Ave, Erie, PA 16509 or at any other place while in the presence of Alyssa Beer, LCSW, CFRC and Bailey.

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Client's Printed Name (14 and up)	Client's Signature	Date
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Parent or Legal Guardian Name	Parent or Legal Guardian's Signature	Date
<hr/>	<hr/>	<hr/>
Parent or Legal Guardian Name	Parent or Legal Guardian's Signature	Date

Please sign below if you **DO NOT** want to participate or have your child participate in Animal Assisted Therapy.

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Client's Printed Name (14 and up)	Client's Signature	Date



For Children under the age of 14:

Please put a check next to the statement/s that pertains to you or your child.

- 1. I am afraid of dogs. Yes No
- 2. I have allergies to animals. Yes No
- 3. I have cancer or I am going through cancer treatments Yes No
- 4. I have been diagnosed with a medical ailment that may comprise my health if I am in close proximity to a dog. Yes No
- 5. I have respiratory problems Yes No
- 6. I am not aware of any ailments or medical condition my child(ren)'s have that would prohibit physical interaction such as handling, touching, kissing and laying on the dog. Yes No

Parent's Printed Name

Parent Signature

Date

Parent's Printed Name

Parent Signature

Date

Please sign below if you **DO NOT** want to participate or have your child participate in Animal Assisted Therapy.

Child's name

Parent or Legal Guardian Name

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian Name

Parent or Legal Guardian's Signature

Date