Counseling Connect, PLLC

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**ANIMAL-ASSISTED PSYCHOTHERAPY CONSENT AND RELEASE OF LIABILITY**

I am voluntarily choosing to engage in animal-assisted interventions as a complementary treatment to psychotherapy. I have been informed that a live, domestic animal will be provided and I understand that the reactions of animals are not entirely predictable. I acknowledge that a therapy dog may be present during sessions; however, the animal will never be forced to attend and will be allowed to choose if or when he participates and interacts with others. I understand that the animal will be under the direct supervision of the handler at all times.

I understand that the pet therapy team has successfully fulfilled the requirements for registration in Alliance of Therapy Dogs, a nationally recognized animal-assisted therapy organization. Additionally, the therapy dog has been designated a Canine Good Citizen. The therapist has received education in Animal-Assisted Psychotherapy from Animal-Assisted Therapy Programs of Colorado. A licensed veterinarian has conducted a thorough medical examination of the animal and has authorized that the animal is healthy and current on all vaccinations required by state law.

I have been assured that the therapy pet has been carefully selected and has never shown any aggressive tendencies heretofore. I understand that the counselor cannot guarantee that the dog will behave properly or that the animal will not bite, scratch, or otherwise inflict injury. I am aware of no allergy, skin, respiratory sensitivity, or other medical condition that I have which might make touching, handling, or being in close proximity to the animal potentially harmful to my health.

I agree to handle the animal gently. I will try to avoid provoking an angry or fearful response from the animal. I agree not to feed the therapy pet without the handler’s permission. I agree to assume the risk of any injury or illness resulting from my participation and agree to hold Counseling Connect, PLLC and the staff harmless for the actions of the animal included in treatment.

Client Signature Date

Parent / Guardian Signature Date

Clinician Signature Date