GUARDIAN AUTHORIZATION

By signing this form, both parents/guardians of the client are indicating that you give consent for the client to receive services at Paws for Reflection Ranch. Additionally, in order to authorize mental health treatment for the client, documentation regarding either sole or joint legal custody is required. Please provide a copy of the most recent custody decree that establishes custody rights authorizing treatment for the client, along with any updated documents throughout the course of treatment.

Please check below documents provided regarding custody or guardianship of the child:

☐ **Does not Apply**

☐ **Temporary Custody** ☐ **Guardianship Foster** ☐ **Divorce Decree**

In addition, by signing this form, both parents/guardians acknowledge that the client's counselor will not offer services for the purpose of making custody or placement recommendations and that you will not subpoena the client's counselor for this purpose.

I give my parental/guardian/conservator consent to Paws For Reflection Ranch and the counselor to provide counseling for client, name listed below.

_____ _____

Client Name **DOB**

_____ _____

Name of other Parent / Guardian **DOB**

_____ _____ _____

Signature of Parent / Guardian **DOB** **Date**

5431 Montgomery Road, Midlothian, Texas 76065 * 972-775-8966 * Fax 833-777-2783
www.pawsforreflectionranch@att.net