

# ***Toby's Friends***

## ***Pet Loss Support***

### **GROUP GUIDELINES**

1. The purpose of this group is to offer mutual supportiveness for the loss of our beloved pets.
2. It is imperative that **Confidentiality** be a priority for each member to feel safe and trust that what they share in the group will stay in the group.
3. Members agree to show up on time and be respectful of others and their experiences.
4. This is an issue-focused **support group** that will also include an educational and experiential component. **It is not group therapy.**
5. Pet Loss can trigger previous loss experiences, and there can be a need for specialized professional support in addition to Pet Loss counseling. A referral to a therapist will be provided by the facilitator should more specialized assistance be deemed necessary by either the member or the facilitator.
6. Members will be at different stages of grieving and healing.
7. The goals of the group are:
  - To normalize feelings and help members realize they are not alone
  - To provide an opportunity to relate to others with common experiences
  - To identify and work through feelings associated with Pet Loss
  - To arrive at a place of peace with an ability to live life in a healthy and productive manner
8. Group members will be encouraged to:
  - Support one another
  - Show genuine interest and concern and refrain from criticizing someone's sharing.
  - Eliminate all distractions and signs of impatience. To keep your microphones on mute while not speaking.
  - Allow each person to finish their thoughts before commenting on what's being said.
  - Share feelings and support rather than offer advice

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Please bring any concerns about the group, concerns over something said in the group or conflict between members to the facilitator **after the group**. This allows the group to stay conflict free and to concentrate on helping members heal from the loss of their pets.

I have received a copy of the Group Guidelines and understand that this is not in any way a replacement for therapy and that by signing this form I agree to uphold these guidelines as a requirement for participating in the support group.

**PRINT NAME**

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**Signature of Member**

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Date \_\_\_\_\_

***www.tobysfriends.org***