

Oceanside Family Therapy



& Assessments

Pet Assisted Therapy Consent and Release of Liability Form

Therapy animals can be a vital part of the treatment team; however, animals' behavior cannot always be predictable. Therefore, it is important to discuss in advance the risks and rules needed to insure Teddy/Rosa's and your safety and health, and try to create as safe a working situation as possible.

Teddy and Rosa have been screened by a veterinarian before commencing to work as therapy animals, are up to date on all vaccinations, fully spayed/neutered and current on all flea/worm preventatives. While Teddy is a "hypoallergenic" dog (has non-shedding hair and not fur) there may still be risk for allergic reaction. Please let me know if you or your child typically have allergies to animals.

RULES: 1. Animals have individual rights, just as each client has rights. Therefore, Teddy/Rosa are allowed to determine if and when they participate with others. While it may be planned to have him/her in session, he/she will never be forced to do so. 2. Teddy/Rosa should always be treated gently. He/she should never be hit, have his/he tail or any other parts pulled, be carried or treated in any other way that is uncomfortable to him/her. 3. Teddy/Rosa will always need the therapist present in any therapeutic situation. 4. Teddy/Rosa can only be carried by the therapist handler. 5. Because of the unpredictability of animals in unfamiliar situations, clients may not bring their own animal to be involved in their therapy session. 6. Parents or guardians of children under the age of 10 must remain on the premises during their child's session.

By signing below you are stating your acceptance of these rules and risks and agree to accept full liability in the event that Teddy/Rosa 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 328 2nd Ave N, Jacksonville Beach, FL 32250. Of course, the safety and wellbeing of the client is always our priority.

_____/_____

Client Name (please print) Date

_____/_____

Client Signature Date

_____/_____

Parent or legal guardian Date

_____/_____

Parent or legal guardian Date