

CONSENT FORM

Consent and Release of Liability for Animal Assisted Therapy

Introduction

Animal Assisted Therapy (AAT) is a form of creative therapy that utilizes licensed and credentialed therapy animals in a therapeutic setting. Animal Assisted Therapy can be used with various types of psychological, emotional, developmental, cognitive behavioral or physical health situations. Lois Thomson Bowersock and her dogs have been providing AAT as a licensed and credentialed therapy team since 2007. The purpose of this form is to review the policies, procedures and risks of using an AAT therapy dog, as well as request your consent for treatment utilizing AAT provided by Lois Thomson Bowersock and her dogs. Please note this form upholds the agreement of procedural and financial terms as stated in the Client Information and Consent Form.

All Four Dogs Are Rescue Dogs

They meet the following health requirements:

1. Annual check-up.
2. Mandatory Rabies Vaccine, 3 year duration. Given by veterinarian.
3. A series of core Distemper, Hepatitis and Parvovirus vaccinations.
4. A negative fecal exam done within the past year.
5. A negative heartworm test administered within the past year and continuous heartworm preventative medication is utilized.
6. Precautionary veterinarian health care to avoid the spread of disease, fleas, ticks, and/or illness.

About Karley Jean, Clifford, Emily and William

Karley Jean is a mature Chocolate Labrador/mix breed. With 12 years experience as a therapy dog, Karley is the lead dog of our team. She assists in modeling therapy skills and techniques to the younger dogs. Karley Jean is a Registered Therapy Dog – Registration # LK679963.

Clifford is a Golden Labrador/mix breed. After suffering abuse at the hands of a previous owner, Clifford joined our team in January 2011. Clifford specializes in working with men, PTSD and young people. Clifford is a Registered Therapy Dog – Registration # LC679964.

Emily is a Black Labrador/hound mix. A skilled escape artist, Emily joined the team four years ago, following her rescue from the Montgomery County Animal Shelter. Emily is a compassionate, caring, energetic girl who specializes in welcoming clients to our office and making them feel special. Emily is a Registered Therapy Dog – Registration # LE679965.

William is a young Black Labrador Retriever/mix breed. The youngest of our K-9 team, William is in training and is showing great potential as an excellent therapy dog. William is a Registered Therapy Dog - Registration # TD0235143.

Policies, Procedures and Risks for Working with Animals in Therapy

Although working with animals, specifically canines, in a therapeutic setting has many benefits, there are risks associated with Animal Assisted Therapy. Because AAT utilizes a live animal, it is important to discuss in advance the policies and procedures needed to maximize the therapy and ensure a safe and healthy work environment, both for you and the dogs, and to provide you with diligent warning about the potential harm that could be present when working with animals.

1. Participation in AAT is not guaranteed and will be based on Lois Thomson Bowersock's assessment. If the assessment determines you (the client) are not a good fit for AAT, other treatment options will be discussed and, if necessary, appropriate referrals may be made.
 - If a history or indication of animal abuse or other risk factors are present, Lois Thomson Bowersock will determine if AAT is appropriate.
 - Should you become aggressive (hitting, kicking, biting, pulling, pinching, yelling, etc.) towards the dog(s) during therapy, Lois Thomson Bowersock will determine if it is appropriate to continue treatment or make appropriate referrals.
2. In order to participate in AAT with the dog(s) you should be screened for allergies before working with the animals. All allergies must be reported before beginning AAT so the proper precautionary measures can be taken. Should documentation from a medical professional indicate you have allergies, skin or respiratory sensitivities, or other medical conditions, Lois Thomson Bowersock will determine if it is appropriate to continue treatment or make appropriate referrals. Neither Lois Thomson Bowersock, nor Lois Thomson Bowersock & Associates can be held liable for allergic or other physiological reactions to the dog(s).
3. Any fear of dogs must be reported before treatment commences so the proper precautionary measures can be taken and the appropriateness of your fit with AAT determined.
4. If sick or injured, the dog(s) will not be able to provide services until the illness or injury subsides or upon veterinary approval, as sickness or injury could negatively affect the dog's behavior.
5. Although the dog(s) will remain current on their vaccinations and health screenings, there is always a slight risk of zoonotic disease transmission when working with animals. Zoonotic disease transmission is the sharing of diseases between animals and humans. Every effort will be made by Lois Thomson Bowersock to reduce the risk of zoonosis.
6. Direct contact with the dog's urine, stool, and/or blood should be avoided. Every effort will be made by Lois Thomson Bowersock to educate/model for you, the client, appropriate ways to physically interact and engage with the dog(s).
7. All clients must either wash their hands, use hand sanitizer or sanitizing wipes before and after touching the dog(s). Hand sanitizer is provided throughout the offices of Lois Thomson Bowersock & Associates, LLC for this purpose.
8. The dog(s) will be well groomed before every therapy session. Although every effort will be made to cut and file the dog's nails, scratching may occur while physically interacting with the dog(s). Neither Lois Thomson Bowersock, nor Lois Thomson Bowersock & Associates, LLC, can be held liable for injuries incurred by the dog's nails.
9. Dogs play or show affection by licking or nibbling, which may result in oral contact from the dog(s). Although every effort will be made by Lois Thomson Bowersock and Lois Thomson Bowersock & Associates, LLC to monitor this, there is a risk for light biting or zoonotic disease transmission to occur when a dog

makes oral contact with a person. The dog(s) will be allowed to lick the client upon obtaining the client/and or guardian's verbal permission. This will be noted in the client's file. Neither Lois Thomson Bowersock, nor Lois Thomson Bowersock & Associates, LLC can be held liable for injury or zoonotic disease transmission as a result of oral contact with the dog(s).

10. Dogs use their bodies to communication and may brush against, or lean into a person. Other body language such as tail wagging or body wiggling may occur. Such behaviors could create a risk for loss of balance, falling, or light bruising. Neither Lois Thomson Bowersock, nor Lois Thomson Bowersock & Associates, LLC can be held liable for injury incurred by physically engaging with the dog(s).
11. The client and/or guardian will promptly report all accidents and/or injuries to Lois Thomson Bowersock. Lois Thomson Bowersock and/or Lois Thomson Bowersock & Associates, LLC will respond accordingly and take proper action to help the client get appropriate medical care.
12. The dog(s) cannot be used in therapy without Lois Thomson Bowersock present. No other provider, unless credentialed and previously approved by Lois Thomson Bowersock, can handle or use the dog(s) in a therapeutic capacity.
13. If at any time the dog(s) show signs of distress, irritation, fear, or in any way act in a negative manner, they will be allowed to take a break. No one, except Lois Thomson Bowersock, should touch or interact with the dog(s) during these times. Lois Thomson Bowersock will assess and determine whether it is safe for the dog(s) to return to the session.
14. Clients are never to be left alone with the dog(s).
15. Animals, like people, have their own moods that determine their level of desire to interact with others. It is therefore understood that the dog(s) will be allowed to determine if and when to participate in therapy/interact with others. While it may be planned to use the dog(s) in a scheduled therapy session, the dog(s) will never be forced to interact should they indicate signs of distress and/or resistance.
16. The dog(s) have been designated space in the office where they are free to rest, sleep, or take a break without interruption.
17. If Lois Thomson Bowersock and the client agree, the dog(s) may work off leash, and this will be noted in the client's file.



Please Indicate the Statements that Pertain to You or Your Child:

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| Yes | No | I am afraid of dogs. |
| Yes | No | I have allergies to animals. |
| Yes | No | I have an auto immune disease. |
| Yes | No | I have cancer or I am going through cancer treatments. |
| Yes | No | I have been diagnosed with a medical ailment that may compromise my health if I am in close proximity to a dog. |
| Yes | No | I have respiratory problems. |
| Yes | No | I am not aware of any ailments or medical conditions that I, or my children, have that would prohibit physical interaction such as handling, touching, or coming in close contact with the dog. |
| Yes | No | I understand I have the right to refuse AAT using dogs. |

Minor or Individual With a Custodial Guardian

I, the parent or guardian of

understand and agree to the policies, procedures, and risks associated with the use of Animal Assisted Therapy in therapeutic treatment. I hereby consent to therapeutic services involving Karley Jean, Clifford, Emily and/or William, Registered Therapy Dogs, provided for him/her by

Lois Thomson Bowersock, LCDC, NCAC I, ADC III, CET II, and I accept full liability in the event that Karley Jean, Clifford, Emily and/or William cause injury to my child(ren) in any way throughout the course of treatment. Furthermore, I am not aware of any fear, allergy, skin or respiratory sensitivity, or other medical condition my child(ren) has/have that would render physical interaction (i.e., touching, handling, etc.) with, or close proximity to, a therapy dog potentially harmful to his or her health.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Signature of Second Parent or Guardian (If Applicable)

Date

Printed Name of Second Parent or Guardian (If Applicable)

Adult Consent

I/We

&

understand and agree to the policies, procedures, and risks associated with the use of Animal Assisted Therapy in therapeutic treatment. I hereby consent to therapeutic

services involving Karley Jean, Clifford, Emily and/or William, Registered Therapy Dogs, from Lois Thomson Bowersock, LCDC, NCAC I, ADC III, CET II and I accept full liability in the event that Karley Jean, Clifford, Emily and/or William causes injury to me/us in any way throughout the course of treatment. Furthermore, I/we are not aware of any fear, allergy, skin or respiratory sensitivity, or other medical condition I/we have that would render physical interaction (i.e., touching, handling, etc.) with, or close proximity to, a therapy dog potentially harmful to my/our health.

Signature of Client

Date:

Printed Name of Client

Signature of Second Client (If Applicable)

Date:

Printed name of Second Client (If Applicable)

