



Consent for Participation in Companion Dog Therapy



Companion Dog Therapy (CDT) is a form of creative therapy that utilizes trained animals and handlers (people who manage the animal) to provide companionship to individuals of all ages while in therapy. CDT can be used with various types of psychological, emotional, developmental, cognitive, motivational, or other impairments. Dorian Angebrandt, LCSW and his dog, Sadie, have been providing CDT as a therapy dog team since July 2015. The purpose of this form is to review the policies, procedures, and risks of working with a therapy companion dog, as well as request your consent for treatment utilizing CDT provided by Dorian and Sadie. Please note that this form upholds the agreement of procedural and financial terms as stated in the Client Rights and Responsibilities form.

Policies, Procedures, and Possible Risks of Working with Animals in Therapy

Although working with animals, specifically canines, in a therapeutic setting has many benefits, there are some possible risks associated with the intervention. Because CDT utilizes a live animal, it is important to note in advance the policies and procedures needed to maximize the intervention and ensure a safe work environment, both for Sadie and the client(s).

1. Participation in CDT is not guaranteed and will be based on Dorian's assessment. If the assessment determines the client is not a good fit, other treatment options will be discussed and/or appropriate referrals may be made.
 - a. If a history or indication of animal abuse or other risk factors are present, Dorian will determine whether participation in CDT is indicated.
 - b. Should a client become aggressive (hits, kicks, bites, pulls, pinches, etc.) towards Sadie during therapy, Dorian will determine if it is appropriate to continue treatment utilizing CDT.
2. Anyone wishing to participate in CDT should be screened for allergies before working with Sadie. All allergies must be reported before beginning treatment so the proper precautionary measures can be taken. Should documentation from a medical professional indicate that allergies, skin or respiratory sensitivities, or other medical conditions exist, Dorian will determine if it is appropriate to continue treatment or make the appropriate referrals. Neither Dorian, nor the Choices in Counseling, LLC can be held liable for allergic or other physiological reactions to Sadie.
3. Any fear of dogs must be reported before treatment commences so the proper precautionary measures can be taken and goodness of fit determined
4. If sick or injured, Sadie will not be able to provide services until the illness or injury subsides or upon veterinary approval, as sickness or injury could negatively impact the animal's behavior
5. Although Sadie will remain current on her vaccinations and health screenings, there is always a slight risk of zoonotic disease transmission (i.e., the sharing of diseases between animals and humans) when working with an animal. Every effort will be made by Dorian to reduce the risk of zoonosis.
6. Direct contact with the animal's urine, stool, and/or blood should be avoided. Every effort will be made by Dorian to educate/model for the client and/or guardian appropriate ways to physically engage with Sadie.
7. All clients must either wash their hands, use hand sanitizer or sanitizing wipes before and after touching Sadie.
8. Sadie will be well groomed before every therapy session. Although every effort will be made to cut and file Sadie's nails, scratching may occur while physically interacting with the dog. Neither Dorian, nor Choices in Counseling, LLC, can be held liable for injuries incurred by Sadie's nails.
9. Dogs play or show affection by licking or nibbling, which may result in oral contact from the dog. Although every effort will be made by Dorian 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. Neither Dorian, nor Choices in Counseling, LLC can be held liable for injury or zoonotic disease transmission because of oral contact from Sadie.
10. Dogs use their body to communicate and may brush against or lean into a person. Other body language such as tail wagging or body wiggling may also occur. Such behaviors create a risk for loss of balance, falling, or light bruising. Neither Dorian, nor Choices in Counseling, LLC can be held liable for injury incurred by physically engaging with Sadie.
11. The client and/or guardian will promptly report all accidents and/or injuries that may occur involving interaction with Sadie to Dorian. Should injury occur, Dorian will respond accordingly and take proper action to help the client get the appropriate medical care as needed.
12. Sadie cannot be used in therapy sessions without Dorian present. No other provider can handle or use Sadie in a therapeutic capacity.
13. Clients are never to be left alone with Sadie outside of her kennel.

14. If at any time, Sadie shows signs of distress, irritation, fear, or in any way acts in a negative manner, she will be allowed to take a break. No one, except Dorian, should touch or interact with Sadie during these times. Dorian will assess and determine whether it is safe for Sadie to return to the session.
15. Animals, like people, have their own moods that determine their level of desire to interact with others. It is therefore understood that Sadie can determine when to participate in therapy/interact with others. While it may be planned to use Sadie in a scheduled therapy session, Sadie will never be forced to interact should she indicate signs of distress and/or resistance.
16. Sadie has a designated space in the office where she is free to rest, sleep, or take a break without interruption.

Decline Companion Dog Therapy

I/we _____ decline to participate in Companion Dog Therapy with Sadie and prefer to meet individually with Dorian Angebrandt, LCSW for all services at Choices in Counseling.

Individual and/or Parent/Guardian Signature: _____ Date: _____

Individual and/or Parent/Guardian Signature: _____ Date: _____

Accept Companion Dog Therapy with a Minor and/or Individual and a Custodial Guardian

I, the parent or guardian of _____ understand and agree to the policies, procedures and possible risks associated with the use of Companion Dog Therapy in psychological treatment. I hereby consent to therapeutic services involving Sadie provided for him or her by Dorian Angebrandt, LCSW and accept full liability in the event that Sadie causes injury to myself and/or my child 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 that myself and/or my child(ren)'s has/have that would render physical interaction (i.e., touching, handling) with or close proximity to a companion dog in therapy that would be potentially harmful to his or her health.

Parent/Guardian Signature: _____ Date: _____

Minor Signature (As Applicable): _____ Date: _____

Accept Companion Dog Therapy with Adult(s)

I/We _____ understand and agree to the policies, procedures and possible risks associated with the use of Companion Dog Therapy in psychological treatment. Thus, I hereby consent to receive therapeutic services involving Sadie provided from Dorian Angebrandt, LCSW and accept full liability in the event that Sadie 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) with or close proximity to a companion dog in therapy that would be potentially harmful to my/our health.

Individual Signature: _____ Date: _____

Individual Signature: _____ Date: _____

Therapist Signature: _____ Date: _____