



PAWSITIVE FRIENDSHIPS®

Animals Helping Individuals with Special Needs Achieve their Therapy Goals

3317 S. Higley Rd, STE 114-778
Gilbert, Arizona 85297

(480)353-7833

www.PawsitiveFriendships.org

Consent for Animal Assisted Therapy

Student Name:	
Parent Name:	
Email:	

Participation in Animal Assisted Therapy is voluntary and may be stopped at any time if the rules are not followed. Please review the following and sign where indicated.

1. My child does not have a fear of animals, nor have they shown any aggression towards animals.
2. **If my child becomes aggressive (hits, kicks, bites, pulls, pinches, etc.) towards the animal or handler, the handler has the right to remove their animal from the situation immediately. If physical or aggressive behavior continues, animal-assisted therapy will be discontinued for your child.**
3. My child does not have any known skin or respiratory allergies to animals.
4. All parties must wash their hands before and after contact with the animals.
5. All animals are well-groomed before every therapy session. Although the animal's nails are trimmed before the session, scratching may occur.
6. Some animals show affection by licking or nibbling. Although the handler limits oral contact, this remains a possibility. The animal will be allowed to lick the client upon consent from the parent or guardian.
7. Animals use their bodies to communicate, i.e., they may lean on, brush against or wriggle towards the client. This may or may not cause the client to lose their balance, fall, or bruise lightly.
8. If the handler feels their animal is stressed or irritated at any time, they will promptly remove the animal from the situation for the safety of all parties involved.
9. Photo Release: **Names will NOT be used.**
 - a. Please initial one

	Yes , I permit Pawsitive Friendships to photograph my child during the AAT session. If my child is photographed, the photos will be used for publication on their website, including on social media and marketing. I understand that I will not be compensated for using my child's image.
	No , I do NOT permit Pawsitive Friendships to photograph my child during the AAT session.

I give my child permission to participate in animal-assisted therapy through Pawsitive Friendships. I understand and agree with the policies and procedures listed above. If an animal causes injury to my child during a session, I understand that Pawsitive Friendships, the handler, facility, and its employees are not liable for any injuries. Claims may be filed with Pawsitive Friendships when deemed appropriate.

Parent/Guardian Signature

Date