**Consent for Animal-Assisted Therapy**

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**Introduction**
Animal-Assisted Therapy (AAT) is a form of creative therapy that utilizes credentialed therapy animals and handlers (people who manage the animal) to provide goal-directed interventions to individuals of all ages. AAT can be used with various types of psychological, emotional, developmental, cognitive, motivational, or physical impairments. The purpose of this form is to review the policies, procedures, and risks of working with a therapy dog, as well as request your consent for treatment utilizing AAT provided by Dr. Abbate. Please note that this form upholds the agreement of procedural and financial terms as stated in the Consent for Psychological Treatment.

**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 the intervention. Because AAT 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 the dog and the patient.

1. Participation in AAT is not guaranteed and will be based on Dr. Abbate’s assessment. If the assessment determines the patient is not a good fit, other treatment options will be discussed and appropriate referrals may be made.
   a. If a history or indication of animal abuse or other risk factors are present, Dr. Abbate will determine whether participation in AAT is indicated.
   b. Should a patient become aggressive (hits, kicks, bites, pulls, pinches, etc.) towards the therapy dog during therapy, Dr. Abbate will remove the therapy dog from treatment and determine whether it is appropriate to continue treatment or make the appropriate referrals.
2. Anyone wishing to participate in AAT should be screened for allergies before working with the therapy dog. 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, Dr. Abbate will determine if it is appropriate to continue treatment or make the appropriate referrals. Neither Dr. Abbate, nor the Melmed Center can be held liable for allergic or other physiological reactions to the therapy dog.
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, the therapy dog 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 the therapy dog will remain current on his/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 Dr. Abbate 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 Dr. Abbate to educate/model for the patient and/or guardian appropriate ways to physically engage with the therapy dog.
7. All patients must either wash their hands, use hand sanitizer or sanitizing wipes before and after touching the therapy dog.

8. The therapy dog will be well groomed before every therapy session. Although every effort will be made to cut and file the therapy dog’s nails, scratching may occur while physically interacting with the dog. Neither Dr. Abbate, nor the Melmed Center, can be held liable for injuries incurred by the therapy dog’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 Dr. Abbate 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 therapy dog will be allowed to lick the patient upon obtaining the patient’s parent and/or legal guardian’s verbal permission. This will be noted in the patient’s file. Neither Dr. Abbate, nor the Melmed Center can be held liable for injury or zoonotic disease transmission as a result of oral contact from the therapy dog.

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 Dr. Abbate, nor the Melmed Center can be held liable for injury incurred by physically engaging with the therapy dog.

11. The patient and/or guardian will promptly report all accidents and/or injuries to Dr. Abbate. Should injury occur, Dr. Abbate will respond accordingly and take proper action to help the patient get the appropriate medical care.

12. The therapy dog cannot be used in therapy without Dr. Abbate present. No other provider, unless credentialed and previously approved by Dr. Abbate, can handle or use the therapy dog in a therapeutic capacity.

13. Patients are never to be left alone with the therapy dog.

14. If at any time, the therapy dog shows signs of distress, irritation, fear, or in any way acts in a negative manner, s/he will be allowed to take a break. No one, except Dr. Abbate, should touch or interact with the therapy dog during these times. Dr. Abbate will assess and determine whether it is safe for the therapy dog 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 the therapy dog is allowed to determine if and when to participate in therapy/interact with others. While it may be planned to use the therapy dog in a scheduled therapy session, the therapy dog will never be forced to interact should s/he indicate signs of distress and/or resistance.

16. The therapy dog has a designated space in the office where s/he is free to rest, sleep, or take a break without interruption.

17. If Dr. Abbate and the patient agree, the therapy dog may work off leash, which will be noted in the patient’s file.

**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 psychological treatment. I hereby consent to therapeutic services involving a therapy dog, provided for him or her by Kristin Abbate, MA, PsyD and accept full liability in the event that the therapy dog causes injury to 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 my child(ren)’s has/have that would render physical interaction (i.e., touching, handling) with or close proximity to a therapy dog potentially harmful to his or her health.

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Adult

I/We _______________________________________ understand and agree to the policies, procedures, and risks associated with the use of Animal-Assisted therapy in psychological treatment. Thus, I hereby consent to receive therapeutic services utilizing a therapy dog from Kristin Abbate, MA, PsyD and accept full liability in the event that the therapy dog 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 therapy dog potentially harmful to my/our health.

_____________________________________________        ______________________________________________
Signature                      Date         Signature of second person  Date

______________________________________________
Kristin Abbate, M.A., Psy.D.   Date
Psychologist; License #4320