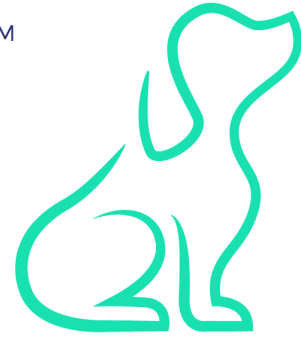


CANINESM CONCIERGE

ON-DEMAND SMILE DELIVERY



Animal-Assisted Therapy (AAT) - Informed Consent Form

THERAPY DOG INFORMATION

Name: _____

Gender: _____

Breed: _____

Age: _____

Brief Information:

CLIENT INFORMATION

Name: _____

Gender: _____

Age: _____

Phone Number: _____

E-mail: _____

Address: _____

THERAPY DOG OWNER

Michael Stokes, Director
Canine Concierge Corporation
13800 Coppermine Road
Herndon, VA 20171
571-375-5932
mstokes@canineconcierge.vip

Patient Name: _____ Date: _____

I, _____, have been provided with the necessary information regarding Animal-Assisted Therapy (AAT) and the therapy animals involved in the treatment. I acknowledge that my consent is required to participate in AAT sessions, and I understand the Rules, Risks, and Benefits associated with this therapy.

Please indicate with a checkmark the statement(s) that apply to you:

I am afraid of dogs.

I have allergies to animals.

I have an autoimmune disease.

I have cancer, and I am undergoing cancer treatment.

I have been diagnosed with a medical ailment that may compromise my health if I am near a dog.

I have respiratory problems.

I am unaware of any ailments or medical conditions prohibiting physical interaction, such as handling, touching, kissing, and laying on the dog, for my child(ren).

Rules

1. Each animal's right to choose their participation in AAT sessions is recognized, respecting their individual preferences.
2. Protected and quiet resting areas for the therapy animals should not be disturbed or handled by clients unless supervised by a staff member.
3. The therapy animals must be treated and handled gently without causing discomfort or compromising their safety.
4. A staff member should attend all AAT sessions; therapy animals should never be left unattended by the client.
5. If an animal becomes irritated or scared, a staff member will handle the situation, and other individuals should not intervene.
6. To maintain a controlled environment, clients are prohibited from bringing their own animals to therapy sessions.
7. For clients under 12, parents or guardians must remain on the premises during the minor's therapy session.

Risks

1. While efforts will be made to prevent bites or scratches, such incidents are still possible.
2. Light biting may occur during play or as a natural expression of the animals' feelings; it is not intentionally harmful.
3. Animal saliva, body surface, fur, and hair may cause allergies. Clients with previous allergic reactions should inform our staff before consenting to AAT.
4. Sanitation of the environment and hands is crucial to minimize the spread of germs. The appointment facility will provide sanitizing products, and strict sanitization protocols will be followed.

DO NOT COPY

Acknowledgment

By signing below, I acknowledge that I understand and accept the institution's rules, regulations, and guidelines regarding animal-assisted therapy. I release the Institution from any liability or damages that may occur during the therapy sessions involving animals. I also acknowledge the benefits and risks involved in animal-assisted therapy and accept full liability for any inadvertent harm caused by the therapy animal during the treatment.

I have understood the above information and have satisfactorily answered all my questions. I accept the terms and conditions of this consent and assume all associated risks.

[For legal age individuals:]

Signature: _____ Date: _____

Printed Name: _____

[For individuals under legal age:]

Parent/Legal Representative Signature: _____ Date: _____

Printed Name: _____ Relationship to the Patient: _____

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