

**YOUTH HAVEN, INC.
BEHAVIORAL HEALTH DEMOGRAPHICS**

Patient Consent to Participate in Animal-Assisted Therapy Visits

I, _____, am voluntarily choosing to participate in the Animal-Assisted Therapy Program. I have no known allergy to dog hair or other contraindications to visiting with a dog.

Benefits:

I understand that this type of program has been instituted in other patient care settings and that studies have shown that pets can have a beneficial effect on health and well-being providing companionship, love, increased physical activity and emotional responsiveness.

Risks:

I am aware and have been informed of the fact that a live, domesticated animal will be used in this program. I understand that the behavior and reactions of the animal is not entirely predictable, and therefore we cannot guarantee that the animal will behave properly or that the animal will not act in a way that could potentially cause injury. Animals often use their mouths in play. Therefore, even when playing, it is possible for light biting to occur. For the safety and dignity of the animal, the animal is not declawed and therefore, while we routinely trim the animal's nails, it is possible to get scratched when playing. The animal is screened by a veterinarian however it is possible that animal can carry disease, though the risk is very small. I am also aware of no allergies or other medical condition that I have which may make interacting with the animal harmful to my health.

Agreement:

I have been assured that the activities in the Pet Therapy Program will be supervised at all times by staff. Animals have rights, just as each client has rights. Therefore, the animal is allowed to determine if and when it participates with others. While it may be planned to use an animal in a therapy session, the animal will never be forced to do so. I agree to handle the animal gently. If the animal is resting or sleeping, it is not to be disturbed. I will try to avoid provoking an angry response from the animal. I agree to assume the risk of any injury or illness resulting from my participation and agree to hold the staff at Youth Haven harmless for the actions of the animals used in this program.

Client Signature:

Date:

Parent/Guardian Signature:

Date:

Staff Member Signature: