



Forever Hope Counseling & Educational Services, LLC

Stone Oak Location
1162 E. Sonterra Blvd, Suite 130
San Antonio, Texas 78258

Boerne Location
108 Oak Park
Boerne, TX 78006

www.foreverhopecounseling.com

Appointment Line: (210) 490-9062

Animal-Assisted Therapy in Counseling (AATC) and Interactions with a Therapy Dog at Forever Hope Counseling & Educational Services, LLC:

Informed-Consent, Release, and Liability Waiver

Description of Animal-Assisted Therapy in Counseling Services

Animal-Assisted Therapy in Counseling (AATC) is the incorporation of pets as therapeutic agents into the counseling process. Under the careful guidance of Dena Willeford, LPC, Koa (canine) contributes to the client's recovery process. The overall goal is to improve a client's social, emotional and behavioral functioning by way of interacting with Koa under the facilitation of a Dena Willeford, LPC, during therapy sessions. Clients will be screened for appropriateness before anticipating in any AAT sessions. *Initials* _____

Benefits and Risks of Animal-Assisted Therapy in Counseling Services

In both AATC, animals can provide comfort and support in a non-judgmental manner. In the AATC process, the therapy animal may help to reduce the stress of therapy for clients and may allow for quicker and greater recovery. The animal can add joy and a playful ambiance to a therapy session. Animals can help clients develop empathy, experience unconditional acceptance and open-up about challenging life experiences. The relationship between the animal and therapist demonstrates the mutual trust and nurturance potential in both the therapist and the therapy animal. This in turn, assists the client to build trust in the therapeutic duo, thus creating and reinforcing the therapeutic alliance. Animals have the capacity and desire to nurture people and the ability to detect and signal emotional distress it perceives in a client. Working with animals can also contribute to physiological benefits, such as decreased heart rates/ blood pressure and increased oxytocin, which adds to a person's overall health and well-being.

Even though there are many benefits to working with an animal at AATC, there can be some risks involved in utilizing an animal in therapy. If Koa were to be sick/injured, he will not be present for sessions. Therapy sessions can continue without him present. In the event he is sick/injured, he will have a release from a vet to return back to sessions. There is always a risk of the transmission of a disease when working with animals. Dogs may accidentally nibble, sniff, scratch, lick, lean up against a client, and/or cause light bruising. These actions are not aggression but rather the dog's way of interacting with the client. In addition, if the client is allergic to dogs or is unaware of an allergy, the client may suffer from an allergic reaction.

Initials _____



Therapy Animal Description

At Forever Hope Counseling, our animal holds the following titles and certifications from the following: AKC S.T.A.R. Puppy Program and AKC Canine Good Citizen Program. Our therapy animal is a chocolate F2b labradoodle named Koa. Outside of his workday with clients, Koa lives at home with his therapist mommy, her husband, children, and fawn F1b labradoodle, Hattie. He loves to play with his favorite toy (which is a giant squeaky donut), relax, snuggle, play doggie puzzles, do tricks, indulge in yummy treats, steal socks and attend weekly continued education classes in obedience. Before meeting Koa the client will be taught how to greet him and how to understand some of his non-verbal commands. This will help to make the experience positive for everyone.

Initials _____

Assessment

AATC and working with Koa may not be appropriate for each client or be utilized at every session. AATC use will be determined on a case-by-case basis. In the following circumstances, working with Koa will not be used or will cease:

1. If the client has a history of animal abuse/cruelty, or there are other risk factors that indicate potential harm to Koa.
2. If the client has allergies related to dogs that can't be controlled with medications or immunotherapy with allergy injections. If it is known that the client has some sort of pet allergy towards Koa, it is understood that it is suggested that the client use some type of antihistamine prior to session to avoid aggravation of allergies (please check with client's doctor first).
3. If the client exhibits problematic behavior towards Koa, including but not limited to: yelling, kicking, biting, pushing, hitting, pulling the tail/ears/paws, and/or pinching Koa.
4. If the client has a fear of animals and the scope of the client's therapy is not meant to address that fear.

- **Initials** _____
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Canine Behavior and Accidental Incidents

Dogs will often use body language as a way of interaction with clients. This means Koa may rub up against the client, put his paw up, lick the client, touch his nose to and sniff the client, etc. These are positive signs from Koa and can be expected most days as he will do them in an effort to become familiar with the client and to interact with the client. When Koa becomes playful, he may bark. This is not intended to be aggressive, but rather his indication to the client that he is excited and having fun. If Koa accidentally nibbles, scratches, jumps, leans up against a client, causing light bruising, or otherwise causes any harm to the client, the client agrees to notify Dena Willeford, LPC, immediately. Client agrees to inform Dena Willeford, LPC, in a calm manner without raising his/her voice or otherwise alarming Koa. **Initials** _____

Communication

If the client is ever uncomfortable or uneasy with how Koa interacts with him/her, the client agrees to immediately express their concerns to the therapist. If a client prefers that Koa be put in his crate for the remainder of the session, please let Dena Willeford, LPC, know. **Initials** _____

Client Conduct Towards Koa

1. Koa will be treated with respect and kindness.
2. Koa will take a break if he becomes irritated, frightened, distressed, or in any way exhibits a negative and/or aggressive behavior. If this occurs, only Dena Willeford, LPC, may interact with Koa until the therapist sees fit that he is able to return back to the session. Sometimes animals have unpredictable behaviors and his interaction with the client might be varied. He may be very alert and engaged with the client and the activities at hand, or he may choose to lay quietly and rest in another part of the room. I will make the determination of what is best for the client and Koa and will work to facilitate as much interaction between the client and Koa as possible.
3. Any fear, trepidation, and/or anxiety towards dogs must be disclosed to Dena Willeford, LPC, prior to engaging in interactions with Koa.
4. Koa is certified and holds titles in 2 AKC Canine Good Citizen Programs. This means we are trained and certified to work together in a therapeutic manner. Because we are partners, and a therapeutic alliance, Koa will never be alone with the client if I am not there. I am the only handler for Koa, so other counselors will not be working with him and a client will not be allowed to work with him outside of my presence. We stay together at all times for the safety of the client and Koa.



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5. Sometimes dogs may have accidents. Client agrees to avoid all contact with Koa's urine, vomit, stool, and/or blood.
6. All clients and family members (if applicable) will be taught how to greet Koa and show affection in a way that does not distress him. Dogs have a very different way of greeting than humans do, so following these procedures is important and required so that everyone has a safe and pleasant experience.
7. If there are any unfortunate incidences, where a client (or client's guardian or family members) is a non-compliant with procedures or becomes aggressive with Koa, the session will be terminated and AATC will be discontinued from that point on. **Initials** _____

Zoonotic Disease

Every effort will be made to ensure against zoonotic disease transmission (i.e. the sharing of disease between humans and animals). Koa will always remain current on all standard vaccinations and flea/tick/worm prevention medications. Clients may request to review a list of his current vaccinations/medications. It is highly unlikely that Koa would transmit any type of illness to a client or vice versa. However, there is always a risk present when working with an animal. For this reason, all clients working with Koa should wash their hands before and after visiting with Koa (or use antibacterial wipes or gel) as germs can be spread from person to person via his fur and/or germs can be shared from him directly to the client. Please ensure that if you or your child is not feeling well that you cancel your appointment and take time to return to good health before scheduling your next appointment. If Koa is not feeling well, he will also stay home and not be present in session. There is always a risk of the transmission of a disease when working with animals. **Initials** _____

Sanitation

Clients must wash their hands before and after working with Koa. The therapist will also have antibacterial wipes on hand during session for your use. **Initials** _____

Procedures for AATC Services

Any client interested in AATC must schedule a 50-minute initial intake session to review the client's history with animals, screening for appropriateness to work with a therapy animal, policies for working with a dog in sessions, and what you can expect while having Koa in a session with a client. **Initials** _____



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RELEASE AND WAIVER:

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS

I, _____ hereby agree for myself and/or my minor child/ren and our respective heirs, assigns and legal representatives, to indemnify, defend and hold Dena Willeford, LPC, Forever Hope Counseling & Educational Service LLC, her director, Sandra Salazar, LPC-S, coworkers, clinicians, staff, and other participants ("Releasees") harmless from any and all claims and/or damages (including medical fees and attorney fees) and causes of action of any nature for any and all personal and/or bodily injury, mental anguish, or illness, including death, which may occur to myself or my minor child/ren or which may be aggravated or caused by the negligence of others while interacting with Koa (canine). I further expressly understand and agree the foregoing indemnity, release, and waiver is intended to be as broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

ASSUMPTION OF RISK: I, _____, individually and/or on behalf of any minor child/ren, expressly and specifically assume any and all known and unknown risk of injury, mental anguish, illness, or death resulting from interacting with Koa (canine), which may include, but is not limited to: zoonotic disease transmission, scratching, nibbling, heavy leaning, jumping, light brushing, and/or licking by Koa (canine), and any unknown or known allergic reaction.

_____(Initials) I agree to abide by Forever Hope Counseling & Educational Service LLC's office policies and procedures as they specifically relate to Koa (canine). If I have any questions as to conduct that are appropriate when interacting with Koa (canine), I agree to ask Dena Willeford, LPC, before engaging in such conduct.

_____(Initials) If any injury and/or illness occurs while at Forever Hope Counseling & Educational Service LLC, I hereby authorize Dena Willeford, LPC, or anyone else present, to contact the medical professional listed below, or if the medical professional is unavailable or cannot be reached, to call 911 or the nearest hospital.

_____(Initials) I hereby release Dena Willeford, LPC, Sandra Salazar, LPC-S, and Forever Hope Counseling & Educational Service LLC and all clinicians and staff, from any claim and/or assistance provided to me or my minor child/ren in connection with any and all injuries and/or illnesses that may arise from interacting with Koa (canine).

_____(Initials) I also take full responsibility for my welfare and safety as well as for my minor child/ren; and I hereby give permission for emergency medical treatment to be administered as deemed appropriate.



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Contact Information for Medical Professional:

Name: _____ Phone Number: _____

Emergency Contact Name: _____

Relationship to Patient: _____

Emergency Contact Phone Number: _____

I, _____, individually, and/or on behalf of my minor child/ren, being informed of the above known risks, acknowledging and accepting other potential unknown risks, have read the above informed-consent, warning, liability waiver, and release and understand that I, individually, and/or on behalf of my minor child/ren am giving up substantial rights for myself and/or my minor child/ren by signing this. I sign this release and waiver voluntarily, freely, and without duress. I understand that by signing this Agreement I, _____, individually and/or on behalf of my minor children am waiving certain legal rights.

Other adult family members must execute release in the event they will attend a session with Koa.

Client's Printed Name Date

Client's or *Parent/Legal Guardian (Minors)* Signature Date

Client's or *Parent/Legal Guardian (Minors)* Printed Name Date

Dena Willeford, LPC Date

Sandra Salazar, LPC-S, Clinical Director Date