



CAIRNS TRAUMA & CLINICAL
PSYCHOLOGY

**CONSENT TO PSYCHOTHERAPY WITH
THERAPY DOG IN TRAINING**

Child Client

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 in training, provided for him or her by clinical psychologist, Dr Rachel Gleave (*BPsych(Hons), PhD (clinical psychology)*). I accept full liability in the event that the training 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 dog potentially harmful to his or her health.

Adult Client

I _____ 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 therapeutic services involving a therapy dog in training, provided for him or her by clinical psychologist, Dr Rachel Gleave (*BPsych(Hons), PhD (clinical psychology)*). I accept full liability in the event that the training therapy dog causes injury to me 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 I have that would render physical interaction (i.e., touching, handling) with or close proximity to a dog potentially harmful to my health.

I agree to abide by Cairns Trauma & Clinical Psychology's office policies and procedures as they specifically relate to Harley and her training as a therapy dog. I, individually, and/or on behalf of my minor child/ren, being informed of the above known risks, and acknowledging other potential unknown risks, have read the warning and release provided by Cairns Trauma & Clinical Psychology for this service. I sign this consent to psychological treatment with the presence of a training therapy dog voluntarily, freely, and without duress. I understand that I can retract my consent for this service at any time with no negative impact to my treatment.

Client/Guardian Signature: _____ Date: ____ / ____ / _____

Signed: _____ Date: ____ / ____ / _____

Dr Rachel Gleave, Clinical Psychologist
Director - Cairns Trauma & Clinical Psychology