Evolving Together
Animal-Assisted Therapy (AAT) Consent Form

Participant Information:

- Name: _____
- Contact Number: _____
- Email: _____
- Emergency Contact Name: _____
- Relation with emergency contact: _____
- Emergency Contact Number: _____

Therapist Information:

- Name: Anushree Lokhande
- Contact: +91 8693894508
- Email: anushree@evolvingtogether.in

About Animal-Assisted Therapy (AAT)

AAT is a therapeutic approach that incorporates interactions with specially trained therapy animals to support emotional and psychological well-being. It is used as an adjunct to traditional therapy, guided by a qualified mental health professional.

Session Details:

- **Description:** Sessions involve interactions with a therapy dog to enhance emotional awareness, self-regulation, and social skills.
- **Duration & Frequency:** 1 hour & once a week or once in two weeks

Confidentiality

All session details will remain confidential unless:

- There is a risk of harm to yourself or others.
- There is suspicion of abuse or neglect of a minor, elder, or dependent adult.
- Disclosure is required by law.

Benefits of AAT

- Emotional regulation & stress reduction
- Enhanced self-esteem & social skills
- Improved ability to trust & connect
- Support for grief, anxiety, & behavioral concerns

Participant Screening

Please indicate **Yes/No** for the following:

1. I am afraid of dogs.
2. I have allergies to animals.
3. I have an autoimmune condition or medical ailment that may be affected by proximity to animals.

Risks & Responsibilities

- Interactions with therapy dogs may involve minor risks (e.g., allergies, scratches).
- Participants must disclose relevant medical conditions or concerns before sessions.
- Participants agree to follow therapist guidelines for safety.

Emergency Protocol

Incase of an emergency, appropriate measures will be taken, including contacting the emergency contact provided. A first aid kit is available.

Acknowledgment & Consent

I acknowledge that I have read and understood the above information about AAT at *Evolving Together*. I consent to participate and accept the potential risks and benefits involved.

Participant Name & Signature:

_____

Date: _____

Therapist Name & Signature:

Anushree Lokhande

Date: _____