



Canine Assisted Interventions in Psychotherapy Workshop

Registration Form Friday April, 10th 2020.

Name:

Phone:

Address:

Email:

Profession:

Professional Licenses (if applicable):

What is your interest in taking this workshop?

What is one goal you have for this workshop?

Tell me about your experience with Animal Assisted interventions and/or psychotherapy:

What animals do you have the most knowledge on?

Please select how you would like to pay: Cash or Check Directly to Darlene Brace, Venmo, Square or Paypal (Square and Paypal for an additional \$3 fee):

Please return to Authentic.Darlene@gmail.com



Consent to Participate in Canine Assisted Interventions in Psychotherapy
Workshop

I understand that the handler-animal team has successfully fulfilled the requirements for registration in a nationally recognized animal-assisted therapy organization. This includes handler training, and an evaluation of the handler animal team to assess their skill and aptitude to conduct safe, reliable and manageable interactions. Also, a licensed veterinarian has conducted a thorough health examination of the animal and has authorized that the animal is healthy and current on all vaccinations required by state law.

I understand that Darlene be responsible for directing the animal assisted interventions and for determining what issues will be addressed. I understand that I will never be left alone with the animal, and the animal will be under the direct supervision and voice control of the handler at all times. I am aware that although highly unlikely, there are always potential risks with exposure to any animal. I accept these risks as I sign below.

I am not aware of any allergy, skin or respiratory sensitivity or other medical condition, that would make handling, touching, or being in close proximity with an animal potentially harmful to my health.

I agree to handle animals gently and will not provoke animals in any way.

I agree to let my Darlene know if for any reason I choose to no longer participate.

Participant Name Printed

Participant Signature

Date

Darlene Brace LCSW LAC CSAT-C ADS RYT Signature

Date