



Consent For Participation and Release of Information Form

Participant's name:

Please tick each box you consent to:

- I have read and understand the document that outlines information for clients /participants (risks, confidentiality, fees, cancellation policy, crisis support).
- I agree to the conditions for the psychological service provided by Dr Jo Winther / AJ Psychology / WINHAVEN Animal Assisted Therapy (confidentiality, fees, cancellation policy, crisis support).
- I understand the risks associated with undertaking Animal Assisted Therapy; however, I believe that the potential benefits to myself/my child are greater than the risk assumed.
- **OR** I consent to therapy **WITHOUT** Animal Assisted therapy.
- I waive and release forever any liability or claims for damages against Dr Jo Winther, AJ Psychology and WINHAVEN Animal Assisted Therapy for all injuries, losses that I or my child may sustain while participating in Animal Assisted Therapy with Dr Jo Winther and her staff.
- I will make every effort to avoid accident or injury (including by following the instructions by staff) and inform staff immediately if anything should occur.
- I give my permission to AJ Psychology / WINHAVEN Animal Assisted Therapy to contact, obtain and copy information from the participants school and any professionals that have in the past, or currently, work with the participant (including psychologists, Occupational Therapists, Speech Therapists, Paediatricians, Psychiatrists etc.).

I, (print your name in Block Capitals), have read and understood this Consent Form and the other documents provided.

Relationship to Participant of the person consenting: _____
(if not the participant)

Signature Date

Witness Date
(by signing this you are satisfied that the consenting person understands what they are consenting to)

Please note: If after reading this form you are at all unclear about any of the information provided, please discuss this with your psychologist.