

I assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages or injuries, which may in any way be associated with my participation in AAT/AAA while working with Noelle W. Clouse, LMHC. This may include but is not limited to injuries that the therapy animal, client and or other session participants sustain.

Any known aversions to animals or acts of animal abuse or neglect? Please, explain:

Any know allergies: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Signature of Client/Guardian/Parent

Date