

Policies, Procedures, and Risks for Working with Animals in Therapy

Although working with animals, specifically canines, in a therapeutic setting has many benefits, there are risks associated with the intervention. Because therapy utilizes an animal, it is important to note in advance the policies and procedures needed to maximize the intervention and ensure a safe work environment, both for the dog and the patient.

1. Participation in therapy with the dog present is not guaranteed and will be based on the therapist's assessment. If the assessment determines the patient is not a good fit, other treatment options will be discussed and appropriate referrals may be made.
 - a. If a history or indication of animal abuse or other risk factors are present, the therapist will determine whether participation in therapy with the dog is indicated.
 - b. Should a patient become aggressive (hits, kicks, bites, pulls, pinches, etc.) towards the dog during therapy, the therapist will determine if it is appropriate to continue treatment or make the appropriate referrals.
2. Anyone wishing to participate in therapy with the dog present should be screened for allergies before working with the dog. All allergies must be reported before beginning treatment so the proper precautionary measures can be taken. Should documentation from a medical professional indicate that allergies, skin or respiratory sensitivities, or other medical conditions exist, the therapist will determine if it is appropriate to continue treatment or make the appropriate referrals. Neither the therapist, nor Rum River Counseling, Inc. can be held liable for allergic or other physiological reactions to the dog.
3. Any fear of dogs must be reported before treatment commences so the proper precautionary measures can be taken and goodness of fit determined.
4. If sick or injured, the dog will not be able to provide services until the illness or injury subsides or upon veterinary approval, as sickness or injury could negatively impact the animal's behavior
5. Although the dog will remain current on her vaccinations and health screenings, there is always a slight risk of zoonotic disease transmission (i.e., the sharing of diseases between animals and humans) when working with an animal. Every effort will be made by the therapist to reduce the risk of zoonosis.
6. Direct contact with the animal's urine, stool, and/or blood should be avoided. Every effort will be made by the therapist to educate/model for the patient and/or guardian appropriate ways to physically engage with the dog.
7. All patients must either wash their hands, use hand sanitizer or sanitizing wipes before and after touching the dog
8. The dog will be well groomed before every therapy session. Although every effort will be made to cut and file the dog's nails, scratching may occur while physically interacting with the dog. Neither The therapist, nor Rum River Counseling, Inc., can be held liable for injuries incurred by the dog's nails.
9. Dogs play or show affection by licking or nibbling, which may result in oral contact from the dog. Although every effort will be made by the therapist to monitor this, there is a risk for light biting or zoonotic disease transmission to occur when a dog makes oral contact with a person. The dog will be allowed to lick the patient upon obtaining the patient's and/or guardian's verbal permission. This will be noted in the patient's file. Neither the therapist, nor Rum River Counseling, Inc. can be held liable for injury or zoonotic disease transmission as a result of oral contact from the dog.
10. Dogs use their body to communicate and may brush against or lean into a person. Other body language such as tail wagging or body wiggling may also occur. Such behaviors create a risk for loss of balance, falling, or light bruising. Neither the therapist, nor Rum River Counseling, Inc. can be held liable for injury incurred by physically engaging with the dog.
11. The patient and/or guardian will promptly report all accidents and/or injuries to the therapist. Should injury occur, the therapist will respond accordingly and take proper action to help the patient get the appropriate medical care.

12. The dog cannot be used in therapy without the therapist present. No other provider, unless previously approved by the therapist and the clinical director of Rum River Counseling, Inc., can handle or use the dog in a therapeutic capacity.
13. Patients are never to be left alone with the dog.
14. If at any time, the dog shows signs of distress, irritation, fear, or in any way acts in a negative manner, the dog will be allowed to take a break. No one, except the therapist, should touch or interact with the dog during these times. The therapist will assess and determine whether it is safe for the dog to return to the session.
15. Animals, like people, have their own moods that determine their level of desire to interact with others. It is therefore understood that the dog is allowed to determine if and when to participate in therapy/interact with others. While it may be planned to use the dog in a scheduled therapy session, the dog will never be forced to interact should she indicate signs of distress and/or resistance.
16. The dog has a designated space in the office where she is free to rest, sleep, or take a break without interruption.
17. If the therapist and the patient agree, The dog may work off leash, which will be noted in the patient's file

Minor or Individual With a Custodial Guardian

I, the parent or guardian of _____ understand and agree to the policies, procedures, and risks associated with the use of a therapy dog in psychological treatment. I hereby consent to therapeutic services involving the dog, a registered therapy dog, provided for him or her by the therapist and accept full liability in the event that the 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 therapy dog potentially harmful to his or her health.

Signature Date

Signature Date

Adult

I/We _____ understand and agree to the policies, procedures, and risks associated with the use of a therapy dog in psychological treatment. Thus, I hereby consent to receive therapeutic services utilizing the dog, provided by the therapist, and accept full liability in the event that the dog causes injury to me/us in any way throughout the course of treatment. Furthermore, I/we are not aware of any fear, allergy, skin or respiratory sensitivity, or other medical condition I/we have that would render physical interaction (i.e., touching, handling) with or close proximity to a therapy dog potentially harmful to my/our health.

Signature Date

Signature Date