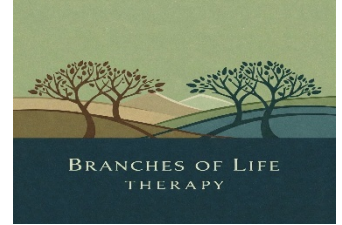


# Branches of Life Therapy

## Bobby the Therapy Dog Agreement



This agreement outlines the guidelines and expectations for interactions with **Bobby**, the therapy dog, during your therapeutic sessions. Bobby is present to provide comfort, emotional support, and a calming presence. To ensure the safety, well-being, and positive experience of all clients, please review and acknowledge the following.

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### 1. Purpose of Bobby's Presence

Bobby is a trained therapy dog who supports clients by offering:

Comfort and emotional grounding

A calming sensory experience

Opportunities for connection and regulation

**Bobby's participation in sessions is optional.**

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### 2. Client Guidelines

To ensure safe and positive interactions:

Treat Bobby gently and respectfully at all times.

Follow all instructions provided by the therapist regarding handling and interaction.

Do not feed Bobby any treats or food unless explicitly permitted.

If Bobby shows signs of needing rest or space, please give him room.

Clients must inform the therapist of any allergies, fears, or concerns related to dogs prior to the session.

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### 3. Risks and Considerations

While Bobby is well-trained and supervised:

Animals may respond unpredictably in certain situations.

Participation is voluntary; alternative accommodations are available if you prefer not to have Bobby present.

If allergies, aversions, or discomfort arise at any time, please notify the therapist immediately.

During play or engagement activities, there is a possibility that Bobby's mouth, teeth or claws/paws may make incidental contact. Every effort is made to ensure interactions are safe and gentle.

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#### **4. Therapist Responsibilities**

The therapist agrees to:

Monitor Bobby's behaviour and interactions at all times.

Ensure Bobby is healthy, vaccinated, and groomed.

Remove Bobby from the session if needed for safety or comfort.

Provide alternate arrangements or dog-free sessions upon request.

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#### **5. Consent**

By signing below, you acknowledge:

You understand Bobby's role as a therapy dog.

You agree to follow the interaction guidelines.

You consent to Bobby being present during sessions, unless you request otherwise.

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**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_