



**HillBilly Resort Inc.
Wellness Center**

Box 187, Fraserwood, MB R0C 1A0

Hwy 231 & 12E Next to Crazy Jumpers Dog School

Ph: (204)-330-3200

Email: info@hillbillyresort.org Website: HillBillyResort.org

Animal-Assisted Therapeutic Intervention (AATI)

Consent Form

1. Individuals will attend HillBilly Resort Inc. Wellness Center Animal-Assisted Intervention program (AATI) to improve their life skills, communication skills, feelings management skills, self esteem and confidence, frustration tolerance, problem solving strategies and any other personal skill building as agreed upon by their guardian and Intervention Professional.
2. Individuals will attend HillBilly Wellness Center once per week for one,- hour sessions. Sessions will be 1:1 with the participant working directly with a skilled Animal-Assisted Intervention Professional, under the supervision of Sherry Lane, M.Ed, B.Ed, BA, Post-Bac (Sp. Ed). 30+ year educator, Counselling Psychologist & Animal-Assisted Therapist, Play Therapist, and professional aimed at people with multiple diagnoses and/or difficult behavior.
3. Sessions will include the participant, HillBilly Wellness Center animals, qualified Hillbilly Wellness Center staff and family members (when appropriate).

Initial _____

4. All information disclosed to the Professional during sessions is confidential, however, if a participant discloses information regarding physical harm to self or others caused by the participant or other persons, including but not limited to; abuse, intentional self harm, threats; the Professional is ethically obligated to report these claims to the appropriate authorities to ensure the safety of all persons involved.

5. All participants and guardians understand that they will be working outside with animals. Weather and animals can be unpredictable. The Intervention Professional will do everything in his/her power to ensure safety.

6. In the event that something happens and the participant or guardian is hurt or sick, by signing this form participants and guardians give permission for qualified Hillbilly Resort Inc. Wellness Center staff to perform first aid or CPR on participant/guardian, or have an ambulance take participant/guardian to the nearest hospital.

I agree to take part, or to allow the minor for whom I have guardianship to take part, in this Animal-Assisted Therapeutic Intervention program as has been outlined herein and I agree to all terms specified.

Participant/ Parent/ Guardian Name ____

____ Date

Participant/Parent./Guardian Signature

Child/ Youth Signature

Date

Initial _____