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ANIMALS AS NATURAL THERAPY

Client's Consent for Release of Information

I hereby authorize: _____
(person or facility)

To release information from the records of: _____
(client's name)

The information is to be released to Animals as Natural Therapy for the purpose of developing Therapeutic Horsemanship Program Goals for the above named client. The information to be released is marked below.

- _____ Mental health evaluation, assessment and program plan
- _____ Medical history
- _____ Physical therapy evaluation, assessment and plan
- _____ Occupational therapy evaluation, assessment and plan
- _____ Speech therapy evaluation, assessment and plan
- _____ Classroom individual education plan (I.E.P.)
- _____ Other _____

This information will be released in the following format (verbal per telephone, electronic, via mail, hand-carried):

Date: _____ Signature: _____
(client, parent, or guardian)

Please forward the indicated material to Animals as Natural Therapy.

Updates 3-2010