



**ANIMALS AS NATURAL THERAPY**

721 Van Wyck Road • Bellingham, WA • 98226

PHONE/FAX: 360-671-3509 • WWW.ANIMALSASNATURALTHERAPY.ORG

**Equine Facilitated Counseling  
Referral Form**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Client Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Recommended Frequency and Duration of Sessions:

\_\_\_\_\_

\_\_\_\_\_

Type of Format: \_\_\_ Group Work \_\_\_ Individual Work \_\_\_\_\_ Family Work \_\_\_\_\_

Specific issues to address:

\_\_\_\_\_

\_\_\_\_\_

Current treatment goals:

\_\_\_\_\_

\_\_\_\_\_

Additional information:

\_\_\_\_\_

Health Care Professional

Name \_\_\_\_\_

State Credentials/License # \_\_\_\_\_

Phone & Fax Numbers \_\_\_\_\_

Address \_\_\_\_\_

Return to: Animals as Natural Therapy

Thank You for Your Participation and Referral