



CONSENT TO TREAT A MINOR

I/We, am/are the parent(s) or legal guardian(s) of _____ and have legal authority to authorize treatment of this minor.

I/We the parent (s) or legal guardian(s) of this minor do hereby give my/our consent for the provision of counseling and psychotherapy services as provided by Animal Assisted Therapy Programs of Colorado.

This authorization shall remain in effect until revoked in writing by the undersigned or until the termination of treatment.

Parent/Guardian	Date

Parent/Guardian	Date

Counselor/Witness	Date

Minor	Date