



## Intake Form for Animal Interaction

1.) Name of Participant (if different from the guardian): \_\_\_\_\_

Nickname: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship to Participant (if applicable): \_\_\_\_\_

2.) Contact Information:

- Phone Number: \_\_\_\_\_ Ok to Text Yes \_\_\_ No \_\_\_

- Email Address: \_\_\_\_\_ Ok to Email Yes \_\_\_ No \_\_\_

3.) Participant's Date of Birth (if applicable): \_\_\_\_\_

Participant's Age (if applicable): \_\_\_\_\_

4.) Emergency Contact Information:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Phone Number: \_\_\_\_\_

5.) Health Information:

1. Does the participant have any known allergies? If yes, please specify:

\_\_\_\_\_

2. Are there any medical conditions or disabilities we should be aware of? If yes, please specify:

\_\_\_\_\_

3. Is the participant currently taking any medications? If yes, please list:

\_\_\_\_\_

4. Has the participant been vaccinated against tetanus? If yes, please provide the date of the last vaccination:

\_\_\_\_\_

6.) Animal Interaction Information:

1. Please indicate any previous experience the participant has had with animals (e.g., pets at home, farm visits, etc.):

---

2. Is the participant comfortable around animals? If no, please specify any concerns:

---

3. Are there specific animals the participant is particularly interested in interacting with or avoiding? If yes, please specify:

---

4. Does the participant have any fears or anxieties related to animals? If yes, please specify:

---

Consent and Agreement:

I, the undersigned, hereby certify that the information provided in this intake form is accurate and complete to the best of my knowledge. I understand that participation in animal interactions involves certain risks and I assume full responsibility for any injuries or incidents that may occur during the activity.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Guardian's Signature (if participant is a minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide any additional information or special instructions that may be relevant for the participant's interaction with animals.

Staff Member Signature of Review: \_\_\_\_\_

Date: \_\_\_\_\_ Position: \_\_\_\_\_