



Participant Information

- Name of participant:
- DOB:
- STA Provider:
- Primary Support Needs:
- Emergency Contact:

Health & Safety

- Allergies (animals, products, food):
- Mobility considerations:

- Triggers/escalation risks:

- Preferred calming techniques:

Program Preferences

- Activity type (tick): Grooming Walking Social play Sensory Quiet calming
- Comfort level with dogs: Very comfortable Moderate Unsure Anxious
- Past experience with animals:

Consent

- Provider confirms participant consent (Yes No)
- Staff support present during sessions (Yes No)

Signature (Provider Rep): _____ Date: // ____

Print name: _____

Contact phone number: _____