



Bothell Pediatric & Hand Therapy

Animal Authorization

I, _____, hereby authorize Bothell Pediatric and
(Parent/ Guardian)
Hand Therapy to incorporate animal therapy with _____'s
(Child's name)
occupational, speech and/ or physical therapy, for the purpose of expanding
my child's therapy opportunities.

Parent or Guardian Signature

Date

18504 Bothell Way NE Bothell, WA 98011



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