

## Client Agreement Form

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I understand that the objective of therapy is to help me to understand myself, assist me in clarifying my problems, goals and intentions, and help me look at alternative solutions. The therapeutic partnership may involve homework, which I am prepared to commit myself to, as requested. I further understand that I am fully responsible for the decisions I make concerning my relationships and behaviour, and for the outcomes of my sessions.

I understand that my involvement in equine-assisted psychotherapy is entirely voluntary and that I may choose to withdraw or request a referral to an alternative service at any time.

I understand that the model of therapy may look at the past and the present, and may consider my family of origin, feelings, thought patterns, communication skills, etc., all having in view restoration to wholeness. The approach is designed to help me focus on achieving optimum health as well as encouraging me to seek and find enriching and fulfilling relationships. I agree to fully engage with the therapy and understand that I have full agency to accept or decline any activity that might be recommended to me.

I understand that all information discussed will be treated confidentially. I also understand that there are some matters that may not be kept secret in counselling. These include: information which I give permission to disclose; matters that relate to possible serious harm to myself or others; children at risk of abuse; matters that need to be disclosed to a court; and matters to be discussed during counselling supervision.

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I have reviewed the Fees and Conditions of Service information located at:  
<https://www.equineinsight.org.au/terms-conditions>

*This form will be discussed during the first session, before you sign it.*

<b>Client Name</b>	
<b>Signature</b>	<b>Date</b>