

Bhakti Cohen, EDS, NCC, LMFT  
Licensed Marriage & Family Therapist (MT 2239)  
Florida Supreme Court Certified Family Mediator (24357 F)  
Collaborative Divorce Professional / Parenting Coordinator

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DATE: \_\_\_\_\_

I \_\_\_\_\_ on behalf of minor child, \_\_\_\_\_

(if applicable), agree to allow Gaura, my trained and certified therapy dog, to engage in therapy with me and/or my minor child for the duration of time I receive therapy from Bhakti Cohen.

Signed: \_\_\_\_\_

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

Therapist: \_\_\_\_\_

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