



Informed Consent & Release of Liability

The physical therapies, rehabilitation, and strengthening treatments of which my animal will be treated with are individually tailored to the pet to best reduce pain, promote healing, and improve function. The activities prescribed will range from completely passive techniques to gradually increasing workload on the animal’s cardiovascular and musculoskeletal system. The reaction of the cardiovascular and musculoskeletal systems cannot always be predicted with complete accuracy. There is risk of certain changes occurring during or after treatment. These changes could include but are not limited to tissue swelling, sore or strained soft tissues, skin reaction, abnormal cardiovascular response, or risk of infection.

I consent to voluntarily have my animal, _____, that I am the owner of, to partake in the rehabilitation services provided by **Horse 'n Hound Physical Therapy**. I release Horse 'n Hound Physical Therapy, its owners, agents, employees, and contractors from any responsibility, and agree to hold them harmless from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused.

The services of evaluation and treatment are authorized by my veterinarian _____. I allow collaboration and communication, regarding my animal’s treatment and progress, to occur between my DVM and Horse 'n Hound PT. I also agree to the release of any medical history on my pet regarding pertinent information to the rehabilitative process.

Owner Signature

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date



Horse 'N Hound PT Policies

Please indicate your understanding of the following statements by placing your initials on the blank line to the left of each statement. Thank you!

_____ **Cancellations:** Horse 'n Hound PT requires 24 hour notice **PRIOR** to an appointment cancellation. We reserve valuable time for your pet's treatment. We ask you to respect the value of this time if you cannot make a treatment session. A loss of a paid session may apply, without your 24 hour notice.

_____ **Refunds:** Unanticipated events may occur in which there is need for a refund of packages purchased. If you wish to have your money refunded, please request this within 30 days of your last visit to the Horse 'n Hound PT clinic. If we have not heard from you after 30 days, the remainder of your package(s) will be donated to the Pepper Memorial Fund.

_____ **Media Usage:** I allow Horse 'n Hound PT to use any images or videos of my animal in their marketing activities. Yes / No (Circle One)

_____ I understand that if my dog defecates THREE times in the underwater treadmill, there will be a \$100 cleaning and sanitation fee.

_____ Our staff is knowledgeable in Pet First Aid, CPR, and Emergency Practices. Do you give us permission to treat your pet with life saving techniques in case of emergency under our care? Yes / No (Circle One)

_____ Do you allow us to transport your pet to the closest Veterinary facility, Amherst Animal Hospital in Amherst, NH? Yes / No (Circle One)

_____ I agree to keep my dog well groomed (i.e. nails trimmed, coat brushed/deshed) as to protect the equipment and staff at Horse 'n Hound PT, prior to appointment.

_____ I agree to keep my dog on leash and under control at all times while in the HnHPT clinic.

Owner Signature

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date