



INFORMED CONSENT

I desire to voluntarily have my animal _____, that I am owner of, partake in the rehabilitation services provided by **Horse 'n Hound Physical Therapy**.

The services of evaluation and treatment are authorized by my veterinarian _____. I allow collaboration, regarding my animal's treatment and progress, to occur between my DVM and Horse 'n Hound PT.

The rehabilitation treatments of which I am subjecting my animal, will be individually tailored 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 can include, but are not exclusive of the following:

- tissue swelling;
- sore or strained soft tissues (muscle, tendon, ligaments, and joints);
- frostbite;
- skin reaction
- abnormal blood pressure response;
- risk of infection, etc.

Please indicate your understanding of the following statements by placing your initials by each. Thank you

_____**Horse 'n Hound PT requests a 24 hour notice prior to an appointment cancelation. 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.**

_____**Our staff is trained and certified 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?**

_____**Do you allow us to transport your pet to the closest Veterinary facility, Amherst Animal Hospital in Amherst?**

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

_____ I agree to grooming (brushing, nail trim etc.) for my pet's health and maintenance of Horse 'n Hound equipment, prior to appointment.

_____ I understand if my dog defecates three times in the UnderWater treadmill, I will be charged a \$100.00 cleaning fee.

_____ **Media Usage:** I allow Horse 'n Hound Physical Therapy to use any images or videos of my animal in their marketing activities.

_____ I understand the aforementioned terms and conditions.

_____ **Unanticipated events may occur in which there is a need for a refund of packages purchased. If you wish to have your money refunded, please request this within 30 days of stopping treatment. If we have not heard from you after 30 days, we will retain the balance.**

_____ / _____ / _____
Owners signature Date

_____ / _____ / _____
Witness Date

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