



# Arizona Veterinary Physical Rehabilitation

19313 N. 73<sup>rd</sup> Lane, Glendale, AZ 85308  
480-285-9848 | drsonnet@azcaninerehab.com

## Pet Parent Responsibility Agreement Treatment Authorization, Waiver, and Release

**Pet Parent:** \_\_\_\_\_ **Pet's Name** \_\_\_\_\_

Physical rehabilitation and/or an exercise program is a joint venture between the pet parent(s) and Arizona Veterinary Physical Rehabilitation. Pet parents are to take responsibility and make a commitment to the recovery process and/or exercise program of their pets. This commitment includes attending all scheduled appointments, performing home exercises as assigned, and keeping open communication regarding progress or changes in the pet's condition. \_\_\_\_\_ **(initial)**

I would like my pet treated at the above named facility. In support of that treatment I state the following:

- 1) My veterinarian is aware that I am pursuing physical rehabilitation, hydrotherapy, and/or starting an exercise program for my pet and has cleared my pet for such activities.
- 2) I acknowledge that a person trained in canine physical rehabilitation has discussed treatment with me and has advised me of the risks and contraindications associated with the treatment of my pet. I have been given and have read any and all, applicable materials presented to me by the facility. I have had an opportunity to have any and all of my questions answered.
- 3) I have provided the facility with a complete and accurate medical history of my pet.
- 4) I understand that canine physical rehabilitation is a new and evolving field and that current scientific evidence to measure effectiveness is limited. I understand that, due to this, no guarantees have been made regarding the results that may be obtained.
- 5) Any rehabilitation equipment provided by the facility is for the sole purpose of use with my pet, and not for human use. I also understand that said equipment is used by my pet at my own risk.
- 6) I understand that in some instances, certain conditions may be exacerbated or worsened by physical rehabilitation. I have been informed of and am aware that there are severe and potentially fatal risks associated with physical rehabilitation and/or the exercise programs.
- 7) I understand that I am the person legally empowered to give consent and that I am responsible for payment of all charges. I agree to pay all charges for services rendered in accordance with the facility's current rates.
- 8) I understand that the facility reserves the right to refuse my pet for physical rehabilitation and/or an exercise program especially if it is deemed dangerous to the staff of the facility or to my pet.

\_\_\_\_\_ **(initial) Optional Video Consent:** I hereby consent and give permission to Arizona Veterinary Physical Rehabilitation to publish, produce, or otherwise use photographs, videos, or other likeness of my pet for the use of instruction, art, advertising, trade or other lawful purposes. This includes but is not limited to use on the facility's website, social media, YouTube, newsletter, brochure, and on its premises. I do hereby waive any interest I may have in the finished product and all rights to payment or compensation.

**Understanding all of the above I hereby authorize the therapists at the facility, and any and all of its employees or agents under supervision of them, to provide physical rehabilitation and/or an exercise program for my pet, including, without limitation, whatever procedures are deemed necessary.**

**On behalf of myself, my heirs, personal representatives and executors I expressly agree to hold harmless and release the facility and its employees and agents from ANY and ALL responsibility, liability, claims, causes of action, or demands of any nature or cause, including costs and attorney's fees.**

**I have read the above and accept these conditions and my responsibility.**

\_\_\_\_\_  
Signature of Pet Parent

\_\_\_\_\_  
Date