Arizona Veterinary
Physical Rehabilitation

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FITNESS AND CONDITIONING WAIVER AND RELEASE

Owner: _____ Pet: _____

I would like my pet to start an exercise program at the above named facility. In support of that treatment I state the following:

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.

I acknowledge that a person trained in canine physical rehabilitation has discussed with me and has advised me of the risks and contraindications associated with the starting an exercise program for 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.

I have provided the facility with a complete and accurate medical history of my pet. My pet has not exhibited any aggression toward people or other animals.

I understand that no guarantees have been made regarding the results that may be obtained.
Any rehabilitation/exercise 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. I understand that although trained staff will be available during conditioning sessions, a veterinarian may not be immediately available, and that I am responsible for direct supervision of my pet while using any and all exercise equipment.

I understand that in some instances, certain conditions may be exacerbated or worsened by physical rehabilitation bad/or exercise. 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.
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.

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.
I will be solely responsible for all actions of my dog, including any damage caused by my dog and any injury caused to other dogs, people, or property.

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 Owner **Date**