

## **Pet Parent/Owner Responsibility Agreement Treatment Authorization, Waiver, and Release**

**Owner:** \_\_\_\_\_

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

Physical rehabilitation and/or an exercise program is a joint venture between the pet owner(s) (referred to as pet parent) and Arizona Veterinary Physical Rehabilitation. Pet owners are to take responsibility for their part and make a commitment to the recovery process and/or exercise program of the treated pet. 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 family 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 medical history of my pet including providing access to all applicable veterinary facilities that have treated my pet so that the above named facility may obtain accurate medical records.
- 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 after appropriate demonstration and instruction in its use by the above named facility.
- 6) I understand that in some instances, certain conditions, including, but not limited to, neck pain of unknown etiology and certain types of cancer, diagnosed or undiagnosed, may be exacerbated or worsened by aspects of 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 in these situations. When suspected or known, these procedures will not be performed without prior express written consent by the pet owner.
- 7) I understand that I am the person legally empowered to give consent and that I am responsible for payment of all charges for the agreed upon treatment plan. I agree to pay all charges for services rendered in accordance with the facility's current rates as presented at the time.
- 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, to my pet, the pet owner or individuals accompanying the pet to the above named facility.

\_\_\_\_\_ **(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, 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, with pet owner's permission, whatever procedures are deemed necessary.**

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

\_\_\_\_\_  
Signature of Owner/Pet Parent

\_\_\_\_\_  
Date