

ELK RAPIDS VETERINARY REHABILITATION CENTER

CANINE REHABILITATION CONSENT FORM

Pet Owner: _____

Pet Name: _____

An exercise program and/or physical rehabilitation is a commitment between the pet owner and Elk Rapids Animal Hospital/ Elk Rapids Veterinary Rehabilitation Center. The client is asked to commit to performing home exercises as assigned, and keeping in contact with the rehabilitation provider in regards to pet progress or changes in condition.

Please review the following consent. If you have any questions, please contact the veterinarian or rehabilitation practitioner. Sign below to acknowledge and accept the following:

- 1) My veterinarian is aware that I am pursuing physical rehabilitation and/or starting an exercise program for my pet and has cleared my pet for such activities.
- 2) I have provided Elk Rapids Animal Hospital with a complete and accurate medical history of my pet.
- 3) I understand that physical rehabilitation can involve various types of therapeutic exercise and physical modalities (cryotherapy, massage, or heat therapy). I acknowledge that a person trained in canine physical rehabilitation has discussed the proposed treatments with me, including the risks involved.
- 4) I understand that results cannot be guaranteed and that certain conditions may be exacerbated by physical rehabilitation and/or exercise. I understand that not all complications can be predicted and some complications may result in further diagnostic tests, treatments, or procedures. I understand the costs associated with any complication, including additional diagnostics, treatment, procedures, and surgery that may arise from or during the rehabilitation and/or exercise program of my pet at Elk Rapids Veterinary Rehabilitation Center are not the responsibility of Suttons Bay Animal Hospital, PC or its employees.
- 5) I understand that the facility reserves the right to refuse my pet for physical rehabilitation and/or an exercise program.

I have read and understand the above information and provide my authorization

Pet Owner Signature

Date