



## VETERINARY RELEASE FOR UNDERWATER TREADMILL

Animal Owner's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

I am authorizing Jean Thompson, CCFT and Abigail Brown, MS, OTR/L, CCRP, CCFT, CSMP\* to guide the above referenced cat/dog and owner in strength and body awareness training. Please email this form to [info@marylandanimalchiropractic.com](mailto:info@marylandanimalchiropractic.com). For questions, please contact us at (443) 201-1508.

I understand that Jean Thompson, CCFT and Abigail Brown, MS, OTR/L, CCRP, CCFT, CSMP are Certified Canine Fitness Trainers and they design "strength training" programs for healthy cats/dogs. Jean Thompson and Abigail Brown do NOT design programs for rehabilitation from previous injury, structural issues or any issues causing abnormalities in the dog, without a vet referral. I understand that Jean Thompson and Abigail Brown cannot diagnose or treat injury.

I understand that it is the owner's responsibility to advocate for their cat/dog while participating in strength, balance and flexibility training and it is at their own risk. While participating in a strength training program, if the cat/dog shows signs of weakness, a previous injury resurfaces, or injury occurs, Jean Thompson and Abigail Brown **will stop immediately and ask the owner to seek veterinary advice.**

I understand that strength, balance, and flexibility training for the cat/dog with or without inflatable balance products is a trial process where each cat/dog may respond differently to each exercise. All exercise plans could cause injury if not performed correctly, with deliberate movement, with correct posture and correct body position.

I would like the exercise plan sent to me for review. \_\_\_\_\_ Yes \_\_\_\_\_ No

The exercises must be reviewed and approved by me before continuing. \_\_\_\_\_ Yes \_\_\_\_\_ No

Veterinarian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*or any other certified professional that we have authorized to perform this activity.