**INFORMED CONSENT TO EVALUATE AND TREAT**

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

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

Approx. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the physical therapist to examine and treat my dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (described above) as indicated and referred by their veterinarian. I acknowledge that treatments may enclude manual therapy (massage, joint mobilizations, soft tissue work), therapeutic modalities (electrical stimulation, cold laser, therapeutic ultrasound) and therapeutic exercises. I understand that there are risks associated with all interventions and that the decisions and actions of the physical therapist are intended to reduce these risks. I assume responsibility for all charges incurred in the care of this dog. I also understand that these charges will be paid at the time of service.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact ofthis release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing to roguecaninerehab@gmail.com prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_