**Rehabilitation Therapy Consent:**

I authorize that I am the owner or legal guardian of the pet named above. I hereby provide my informed consent for the initiation of rehabilitation therapy for my pet with Integrated Veterinary ARTS.

**By checking below, I acknowledge the following:**

1. I have been informed about the nature, purpose, risks, and potential benefits of rehabilitation therapy for my pet.
2. I understand that the therapy may not guarantee a specific outcome and that the response to treatment may vary among individuals.
3. I understand that the therapy may involve physical manipulation and exercise, which could result in some level of discomfort or pain for my pet.
4. I consent to the administration of rehabilitation therapy for my pet under the supervision of licensed and trained veterinary professionals.
5. I understand that I am encouraged to remain present during the therapy sessions, and I will be informed of my responsibilities and any home care requirements.
6. I agree to follow all recommendations and instructions provided by the veterinary professionals for the well-being of my pet.
7. I understand that Integrated Veterinary Arts is not liable for any personal injury to myself during rehabilitation sessions performed both with the rehabilitation technician and at home personally between sessions.
8. I understand that the cost of rehabilitation therapy will be discussed separately, and I will be responsible for any associated fees.

[ ]  I understand and accept.

**By checking below, I agree to the following Cancellation Policy:**

We understand that plans can change, and sometimes, you may need to cancel or reschedule your reservation. Please take a moment to review our cancellation policy below:

* Cancellations must be made at least 24 hours, or more, before your scheduled appointment date.
* Cancellations made less than 24 hours before your scheduled appointment date will result in a $80 cancellation fee, or forfeiture of one session from a pre-purchased treatment package.

If you have any questions or need assistance, please don't hesitate to reach out to our rehabilitation team

[ ]  I understand and accept

**Disclaimer:** Your initial consultation and exam will be performed by a Veterinarian who is a Certified Canine Rehabilitation Practitioner. Moving forward you may be seen by a trained veterinarian assistant under the direction of the Rehabilitation Veterinarian.

[ ]  I understand and accept that I may see a trained Veterinary assistant at some appointments.

Owner signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Undergraduate