

# CANINE THERAPIES

103 Chain House Lane, Whitestake, Preston. PR4 4LB Tel: 01772 335930 E-mail: caninetherapies@btconnect.com

## VETERINARY CONSENT FORM FOR REHABILITATION / COMPLIMENTARY TREATMENTS

We require veterinary permission and relevant medical history for each dog attending Canine Therapies. If you would like to discuss a case in more detail we would welcome your call.

<b>OWNER</b> _____ Address _____ _____ _____ Tel: _____ E-mail: _____	<b>DOG NAME</b> _____ Breed _____ Male / Female D.O.B./Age _____ Weight _____ Body Condition Score _____ / 9 Date of last vaccination/Titer test: _____
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**VETERINARY DETAILS** (This section *must* be completed by the dog's veterinary practice & signed by a qualified vet)

Name of practice: \_\_\_\_\_ Tel: \_\_\_\_\_  
Practice E-mail: \_\_\_\_\_  
Condition / Reason for referral: \_\_\_\_\_  
Desired outcomes: \_\_\_\_\_

The following treatments are available with qualified practitioners. **Please delete any you would not permit.**

**Hydrotherapy                      Physiotherapy                      Remedial Massage                      Magnetic pulse therapy**

Date injury/illness first reported according to your notes: \_\_\_\_\_ Date of surgery if applicable \_\_\_\_\_

Current medications: \_\_\_\_\_

**Health check:** please comment on the following:

Heart: \_\_\_\_\_ Respiratory function: \_\_\_\_\_

Ears: \_\_\_\_\_ Skin/coat (wet eczema, ringworm etc) \_\_\_\_\_

Overall fitness inc. weight issues: \_\_\_\_\_

**N.B. Subject to owners' permission, please supply clinical records from the time of injury / illness.**

I give permission for this dog to receive the treatment(s) indicated above and consider it to be in a suitable state of health to undergo this treatment.

Signed \_\_\_\_\_ (Veterinary Surgeon) Date \_\_\_\_\_

PRINT NAME OF VET .....



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## TERMS & CONDITIONS

1. Animals will not be treated without the prior authorisation of their Veterinary Surgeon.
2. Animals with infectious or contagious diseases will not be treated. Owners are required to notify the therapist if, during treatment, the injury or condition worsens, or if the Veterinary Surgeon advises that the treatment should be stopped or suspended.
3. The therapist reserves the right to refuse treatment to any animal.
4. Owners are requested to provide adequate restraining equipment, to keep their dogs under control and to be present throughout the animal's treatment sessions.
5. Canine Therapies reserves the right to use videos and photographs taken during treatment sessions. Permission will be requested if these may be seen by the general public.
6. Canine Therapies does not take any responsibility whatsoever for any accident/injury sustained either by its therapist or by the animal's handler. Whilst every care is taken of the animal undergoing treatment, it is done so entirely at their owner's risk.
7. Canine Therapies cannot be held responsible for any loss or damage to vehicles or personal property, howsoever occasioned, whilst on Teazedown premises.
8. Canine Therapies will not pass on any information to any third party, apart from the client's own Veterinary Surgeon; all information will be maintained in accordance with the Data Protection Act.
9. Owners are requested to keep noise levels to a minimum and respect the privacy of our neighbours.
10. Cancellation policy: 24 hours notice is required apart from in the event of exceptional circumstances. Canine Therapies reserves the right to charge in full for any appointments cancelled and for missed appointments. Late arrivals may still be treated providing the session does not interfere with another dogs' appointment time. We understand that unforeseen emergencies do sometimes occur and we will always do our best to facilitate your dogs' treatment.

**Please sign to indicate you have read and understood these terms and conditions and agree to abide by them.**

N.B. It would be helpful if you could also request a copy of your pet's clinical records so we have as much information as possible regarding the health of your pet.

If my dog is not vaccinated I can confirm I have read, understood and signed a disclaimer.

Owner ..... Date .....