



103 Chain House Lane, Whitestake, Preston. PR4 4LB Tel: 01772 915468 E-mail: info@caninetherapies.co.uk

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.

OWNER _____ Address _____ _____ _____ Tel: _____ E-mail: _____	DOG NAME _____ 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	Laser Therapy
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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 to be seen by the general public such as being posted on social media.
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 the 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. If my dog is not vaccinated I can confirm I have read, understood and signed a disclaimer.

Owner Date