



In-Home Canine Rehab

Jessica Sherman, CCRP

(575) 937-5110

Website:

www.caninehealingtherapies.com

Consent for Canine Rehabilitation

Dogs name: _____ Breed: _____ Age: _____

Owner's name: _____ Phone: _____

Address: _____

Referring Veterinarian: _____

Referring Clinic & phone number: _____

I would like to allow pictures and/or videos of my dog to be featured on the K9-Mobility social media (i.e., website, Facebook, Instagram, etc.

1. I am the owner or agent of the above dog described above. I have the authority to execute this consent as I am over the age of 18. I hereby consent to and authorize the administration of canine rehabilitation services based upon the initial intake and the referral form from the referring Veterinarian.
2. I understand and acknowledge that Jessica Sherman and Old Dogs, New Tricks only provided canine rehabilitation. I understand that she is not a veterinarian and that I have a relationship with a regular veterinary clinic/hospital for routine and emergency veterinary services. If I have medical concerns regarding my canine I will reach out to my regular veterinary clinic and or (emergency) hospital.
3. I have had the fees outlined to me and agree to pay all such fees and charges at the time of service. I understand that appointments that are booked but are cancelled may be subject to a cancellation fee up to the full cost of the visit.
4. I understand that the procedures will be carried out by Jessica Sherman under her training as a Certified Canine Rehabilitation Practitioner (CCRP). I understand that the procedures carried out will be best suited for my dog and will be explained to me so that I can provide informed consent regarding all treatment options under her training. If Laser (Class IIIB) is elected to be used I will wear goggles if I choose to remain in the room in which the procedure is being performed.
5. I acknowledge that Old Dogs, New Tricks aims to create a stress-free environment for my dog. However, I agree to notify Jessica of any behavioral issues my dog may have, including but not limited to sensitivity to touch, aggression, bite history and if my dog wears a muzzle or has required a muzzle in the past. I understand that Jessica may determine if treatment will be best carried out with a muzzle and have the right to decline treatment unless the canine is muzzled.
6. In order to be respectful of the needs of other clients, Old Dogs, New Tricks requests that you inform Jessica as soon as possible of a cancellation, at least 24 hours' notice to avoid cancellation fees.
7. I have been advised as to the nature and purpose of canine rehabilitation and realize that no guarantee exists as to the result of referring veterinary's diagnosis, prognosis, and treatment of the dog above.
8. I understand that Jessica and Old Dogs, New Tricks are a part of my pet's comprehensive team of trained professionals and will be in contact with my regular, or referring veterinarian, as appropriate for my pet's best interest and ongoing care.
9. I have read and agree with the statements above in this consent.

Signature of Owner (Type in Name)

Today's date