**Disclaimer and consent form**

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| --- | --- |
| Client information | |
| Client Name:  Address:  Post Code:  Contact Telephone Number(s):  E-mail: | |
| Dog’s Details | |
| Name:  Sex:  Breed:  D.O.B: | Insured:  Company:  Policy Number: |

* The Therapist has the right to discuss your animal with the referring Veterinarian, if you decide to stop treatment then the Therapist can file a last report to the veterinarian.
* You understand that if your insurance company contacts the centre for more information, we are obliged to provide information surrounding the treatment sessions.
* Owners and animals use the centres facilities at their own risk. We cannot therefore accept the responsibility for any injury suffered by owners or animals using the hydrotherapy pool / water treadmill and centres facilities. We cannot accept any responsibility for any loss or damage to personal belongings in the animal therapy centre.
* All staff are animal first aid trained, by signing this form you allow our staff to carry out basic first aid treatment if required.
* The Centre holds data on you and your pet for business reasons. This information is stored electronically on SHARC, and our computer database. We will only use your data for the purposes of our services, informing you of appointments and services. Your data will not be shared outside of the Centre. By signing you are choosing to opt in. You can opt out of further contact at any time by contacting the Animal Therapy Centre.
* The centre has students participating in the running and daily tasks of the centre. They will be able to observe treatment sessions and discuss individual cases. All students are aware of confidentiality rules and will not be involved in the direct treatment of your animal.

**I have read, understood and agree to, the above disclaimer, terms and conditions of service, holding of data and student observation of my animal. I hereby give consent for my animal to undergo hydrotherapy treatment at The Animal Therapy Centre.**

**Signature of Client: …………………………………………………..**

**Date: …………………………………………….**