

## INFORMED CONSENT FOR TREATMENT

It has been recommended that your pet, \_\_\_\_\_, referred under the primary care of Dr \_\_\_\_\_, receive physical rehabilitation services. These services will be performed by Kathryn Carlson, DVM at Aquapaws, a division of Village Park Animal Hospital. This form is to make you aware of the procedures that may be included in your pet's rehabilitation plan.

*Please initial each section to indicate your understanding/consent.*

1. The physical rehabilitation evaluation may include measurement and/or observation of one or more of the following: weight, heart rate, respiratory rate, temperature, limb muscle girth, lameness, range of motion, pain, reflexes, sensation, neurological reactions, and/or functional abilities. The result of this evaluation, including rehabilitation goals and recommendations for additional sessions, will be communicated to you and the referring veterinarian following this evaluation. \_\_\_\_\_

2. Physical rehabilitation treatment sessions might include one or more of the following procedures: therapeutic exercise, functional facilitation (including assistance with walking, trotting, stair climbing, standing, sitting, and transitions), passive range of motion, joint mobilization (for improved joint mobility), neuromuscular re-education and facilitation techniques (for recovery of neurological function and balance), massage and soft tissue mobilization, and/or assistive device prescription/fabrication. \_\_\_\_\_

3. I understand that underwater treadmill walking and/or swimming, is sometimes required for rehabilitation of certain injuries. I am aware that my pet will only be towel-dried and will be damp following this procedure. I give my consent to Kathryn Carlson, DVM and/or the staff of Aquapaws to perform aquatic therapy with my pet as required, in the sole judgment of Kathryn Carlson, DVM and/or Aquapaws to facilitate treatment. \_\_\_\_\_

4. I understand that when indicated, Kathryn Carlson, DVM and/or the staff of Aquapaws may have to restrain my pet or use a muzzle in order to protect my pet and the staff. I give my consent to use restraint as required, in the sole judgment of Kathryn Carlson, DVM and/or Aquapaws, to facilitate treatment. \_\_\_\_\_

5. I understand that a home rehabilitation program will be designed and explained, if applicable, at the time of my pet's first rehabilitation session. I also understand that in order for my pet to make steady improvements, daily performance of this home rehabilitation program with my pet is required. \_\_\_\_\_

6. I understand that photographs and/or video of my pet may be utilized by Kathryn Carlson, DVM and/or Aquapaws for purposes which might include education, outcome assessment, and/or marketing. I give my consent to the staff to utilize these photographs and/or video.

\_\_\_\_\_  
**see back of page**



Kathryn Carlson, DVM

51-230 Eisenhower Drive

La Quinta, CA 92253

760-564-3833

**7. I understand that if Dr. Carlson is not my primary veterinarian, I will be referred back to my primary veterinarian for assessment following the therapy regimen planned by Dr. Carlson. If further medical treatment is needed during the therapy regime, I will return to my primary or referring veterinarian for care. Dr. Carlson will require follow-up medical recheck visits with the referring, or primary veterinarian. \_\_\_\_\_**

Owners Signature \_\_\_\_\_

Date \_\_\_\_\_

Please contact Aquapaws by phone at 760-564-3833 with any questions.