

AMULET EQUINE REHAB AND CONDITIONING CENTER
550 Rostraver Road
Belle Vernon, PA 15012
(724)243-3393 (Office Phone)
(724)268-3192 (Fax line)
office.amuletrehabcenter@gmail.com

THERAPY CONSENT FORM AND WAIVER OF LIABILITY:

1. **General Consent:** I hereby consent and authorize Amulet Equine Rehab and Conditioning Center (professional staff, including but not limited to Therapists, Therapists Assistants and Technicians) to provide care and therapy for my horse, _____, at the Amulet Equine Rehab and Conditioning Center as prescribed by my veterinarian for rehabilitation or by the individuals I authorize below to request therapy in conjunction with the Amulet Equine Rehab and Conditioning team of professionals for performance development and conditioning.
2. **Delivery and Right to Reject:** Horse shall be delivered to AERCC with a current rabies and tetanus vaccination. Horse shall be free of contagious diseases and parasites and in good health, except as specifically noted on history form. AERCC reserves the right to reject any horse based on suspected health or behavior issues.
3. **Emergency Care:** I hereby authorize AERCC staff to obtain emergency veterinarian care for my horse, if necessary. I authorize AERCC to select a veterinarian at their discretion, if my supervising veterinarian cannot be reached.
4. **Liability and Release:** I acknowledge that each horse responds uniquely to therapy and rehabilitation and the results may vary and cannot be guaranteed. AERCC will not be liable for any loss, death, injury or sickness of the horse. Understanding exists that AERCC will provide care and handling for the horse according to good animal husbandry techniques. If the AERCC incurs attorney fees or expenses in enforcing the rights under this agreement, the Owner shall be responsible for and pay any said fees or expenses. The Owner shall hold the AERCC harmless from any liability or injury or damage to others caused by said horse.
5. **Owner's Access to Horse:** Owner shall have right to access horse during normal AERCC business hours, Monday through Friday and at other reasonable times that may be scheduled with AERCC management.
6. **Financial Responsibility:** Depending on the therapy services provided, a bill may be generated by AERCC or by the attending veterinarian. If my horse is covered by insurance, it is necessary for me to contact the agent or adjuster of that insurance company for the purpose of notifying them of any procedures, and I further agree that I shall make such contact. I will be reimbursed by them directly for any therapeutic or rehabilitation performed.
7. **Sedation:** I accept that the AERCC may use appropriate sedation, if necessary, to provide my horse and the AERCC staff the highest degree of safety and to enhance efficacy of treatment.
8. **Cancelation Policy:** If you must cancel or reschedule a therapy appointment, we request that you make us aware 24 hours prior to the scheduled appointment time.

The following individuals, other than me, are authorized to request therapy services for my horse(s), and AERCC may rely on their instructions on my behalf:

Name: _____ Phone: _____
Name: _____ Phone: _____

My signature below indicates that I have read and understand the above information:

Client signature: _____ Date: _____
Printed name: _____

Amulet Equine Rehab and Conditioning Center Representative: _____ Date: _____