

INFORMED CONSENT

I hereby understand the following terms and conditions. I desire to voluntarily have my horse _____, that I am owner of, partake in the rehabilitation services provided by *Equine Rehabilitation Services, LLC*.

The services of evaluation and treatment have been agreed upon by my veterinarian _____. I allow collaboration regarding my horse's treatment and progress to occur between my vet and E.R.S.

The rehabilitation treatments of which I am subjecting my horse will be individually tailored to best reduce pain, promote healing and improve function. The activities prescribed will range from completely passive techniques to gradually increasing workload on the horses cardiovascular and musculoskeletal system. The reaction of the cardiovascular and musculoskeletal systems cannot always be predicted with complete accuracy. There is risk of certain changes occurring during or after treatment. These changes can include, but are not exclusive of the following:

- tissue swelling;
- sore/strained/torn muscles;
- torn ligaments;
- burn to the skin;
- frostbite;
- skin reaction to medicine;
- abnormal blood pressure response;
- risk of infection, etc.

Owner signature

Date

Witness

Date