

Utah Pet Rehab & Acupuncture Center, LLC

Consent Form

<u>Owner</u>	Name:							=
	Address:							_
	City/State	e/Zip:						_
	Phone:			Email:				_
Owner	's agent (if	any):						_
Relatio	nship to owr	ner:						_
Pet	Name:							_
	Species:	(Circle)	Dog	Cat	Breed	:		_
Date of Birth:			•	Gender (C	ircle):	Male/Castrated	ed	Female/Spayed
medica condition release for any of UPR floors, e and all d informe the con needle explain agree a	reatment as aI have supptions or treatment of my animum and them of any I harm caused AC. I acknow exercise mats claims which rule I hereby cod that there a dition, infection penetration and personally tion, promotion	animals may nelied Utah Pet nents my pet i al has change dand agreeth iability of any by my animal eledge that the and other domay arise out on sent and autre certain risk on, inflammatind trauma to i I understand of promise to penal materials	eact in sudder Rehab and Actis receiving from the act UPRAC will kind whatsoe with the action of or be associated as and complication, breakage of the action of the action, breakage of the action	and unpredictable supuncture Center, am their regular ver mal could be pregrated from my anima the facility. This intrisks to me and release UPRAC ficiated with such per C to perform medications (although rapid needles and	e ways during the LLC (UPRAC) waterinarian. I furth hant. ny problems that I's attendance and cludes any harmy animal associon any liability armissive use of the cal procedures in the procedures in the or possibly deathy or possibly deathy diresults from reladered. I agree the call agree to the cal	e procedures (for exith my pet's medical er agree to inform U arise out of my or mid participation at Ufn to persons and/or atted with the use of rising out of or assone facilities. Cluding acupuncture ith any medical procedugh tissue, ingestion. The nature of this pabilitation and/or acted that photos and/or can be acted to the second of the second	ample, bite, scratch, et records and have of PRAC, prior to each so by animal's use of the PRAC. I understand the other animals as well at the facilities at UPRAC ciated with such use, at on of needles, rapid che procedure and pote supuncture for my pet of ase description of my a	ury if I am near the animal c). disclosed any current ession, if the medical facility and I hereby at I am solely responsible is to the physical property C, such as swimming, wet and hereafter waive any yanimal. I have been not limited to, worsening of anges in blood pressure, ntial risks have been cannot be guaranteed and nimal may be used in atforms? (Please Circle)
					Yes No	1		
	F	Please initial	the following	policies to indica	ate you have rea	nd and understood	the information prov	ided:
disclose		never harmed at information		r animal or shown	aggressive beha	vior towards any per	rson or other dog. If th	is is not true, I have
being c			a 24-hour car the appointme		ilure to cancel or	reschedule an appo	pintment before the 24	-hour window will result in
							is true and correct. hab and Acupunctur	
Owner's (or Owner's agent's) signature:				Date:				