



Therapy Consent

I hereby consent and authorize The Jaeckle Centre (all professional staff including but not limited to Therapists, Therapists Assistants and Technicians) to provide care and therapy to my horse, _____, at The Jaeckle Centre as prescribed by my veterinarian for rehabilitation or by the individuals I authorize below to request therapy in conjunction with the Equine Performax Team of professionals for performance development.

I acknowledge that each horse responds uniquely to therapy and rehabilitation and the results may vary and cannot be guaranteed. I hereby authorize The Jaeckle Centre staff to obtain emergency veterinarian care for my horse if necessary. I authorize The Jaeckle Centre to select a veterinarian at their discretion if my supervising veterinarian cannot be reached.

I understand that, depending on the therapy services provided, a bill could be generated by The Jaeckle Centre or by the attending Veterinarian. I understand that 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 directly for any therapeutic or rehabilitation.

Cancellation or failure to keep a therapy appointment **with less than 6 hours notice** will be charged at the full rate.

The following individuals are authorized to request therapy services for the horse(s), and The Jaeckle Centre may rely on their instructions on my behalf:

I have read and understand the above information. I understand that I will be responsible for any and all Equine Performax Therapy charges.

Client Signature: _____ Date: _____

The Jaeckle Centre Representative: _____ Date: _____