

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 *Furlong's Soundness Center (FSC), 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 veterinarian and FSC.

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. I recognize that there is inherent risk in horses participating on rehabilitation equipment, and understand that at times mild sedation may need to be utilized to insure my horse's well-being and safety as (s)he is acclimated to the equipment. 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;
- skin reactions;
- abnormal blood pressure response;
- risk of infection, etc.

Owner signature

Date

If owner is not present, shipper must sign on behalf of owner. Please sign and print shipper's name, as well as print owner's name.

Shipper signature

Date

Shipper name (print)

Shipper phone number

Owner name (print)