



PHYSICAL THERAPY SERVICE WAIVER

Patient Name:

Physical Therapy ID:

I, _____, of _____, understand that I am utilizing Countryside Veterinary Hospital's physical therapy services upon referral from my regular veterinarian. That out of respect for the referring veterinary professional, Countryside Veterinary Hospital will accept me as a physical therapy referral basis only client, during the course of one year from the start of our physical therapy referral relationship. Other than physical therapy, I understand that I cannot utilize Countryside Veterinary Hospital for any services, including medical, boarding and grooming, less than one year from today's date. This is to preserve the veterinary referral relationship between Countryside Veterinary Hospital and my referring veterinarian, and to honor the great respect Countryside holds for the veterinary professionals in our area.

Client Signature

Date

Countryside Employee Witness Signature

Date

Physical Therapy Team:

Brian Holub, D.V.M.

Jacqueline Jacobs, D.V.M., Head of Physical Therapy

Kathy Tobey, C.V.T., Physical Therapy Technician

Hollie Neild, V.T., Physical Therapy Technician