



## Special Physical Exercises

I, \_\_\_\_\_, owner of \_\_\_\_\_,  
Client/Pet Owner Pet Name

request and authorize Rex Searcey, a.k.a. PetFairy, to perform the specific medical/physical therapy exercises/physical movements, as described below and in the attached instructions/graphic depictions, as prescribed by my veterinarian and/or veterinary physical therapy specialist, while my pet is in his care.

In my judgement, and that of my veterinarian and/or veterinary physical therapy specialist, it is necessary for these exercises/movements to be performed during the period of time that my pet is being cared for by Rex Searcey/PetFairy. I have discussed this with my veterinarian and/or veterinary physical therapist and he/she has approved.

Complete written instructions and graphic depictions of the exercises/movements are attached to this form. I and/or my veterinarian/veterinary physical therapist have demonstrated the described exercises/physical movements to Rex Searcey.

I affirm that I will not hold Rex Searcey/PetFairy responsible or liable for any injury or harm to my pet that may result from his performance, in good faith, and in accordance with the provided instructions and/or my demonstrations or those of my veterinarian/veterinary physical therapist, of the specified exercises/movements.

Description of Exercises/Movements, Days/Hours to be Performed and Duration: \_\_\_\_\_

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Complete Instructions and Graphic Depictions are Attached. \_\_\_\_ Check for affirmation.

Signatures below indicate understanding and agreement with above information.

\_\_\_\_\_  
Printed Name and Signature of Pet Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Veterinarian or Veterinary Physical Therapist

\_\_\_\_\_  
Date