

**Terms & Conditions 2020.**

CM Vet Physio is dedicated to providing a high quality of treatment and care for your pet. All animals will be treated with care and respect.

It is important we reduce the risk of spreading disease/ illness between animals. All surfaces and equipment are disinfected between patients and hand sanitiser used after every treatment. It is important you inform me prior to your appointment if your animal has been showing any signs of illness, coughing/sneezing, vomiting or diarrhoea in the 48hours prior to your appointment, or has been diagnosed with any skin condition. It may be necessary to reschedule your appointment to reduce the risk of spreading any illness or disease.

The registered owner of an animal is fully responsible for the behaviour of themselves and their animal and any event that should arise as a result of the action of said animal at all times. The animal is not the responsibility of CM Vet Physio.

In compliance with the Royal College of Veterinary Surgeons Act (1966) and exemptions order (1962), it is illegal for anyone in the UK to treat an animal without prior consent from their Veterinary Surgeon. It is important you provide me with a signed and stamped veterinary referral consent form before, or on you first treatment. I can not legally assess or treat you pet without a signed consent form, if this is not provided you may still be charged for you appointment if the space cannot be filled.

If you need to cancel or rearrange an appointment, please call or message 07801 600711 with as much notice as possible. Cancellations made within 24 hours of the appointment or missed appointments will be fully charged (unless the time slot can be filled) and payment received prior to another appointment being booked.

Many insurance companies cover physiotherapy, I recommend you contact your insurance company prior to commencement of treatment to ensure they are aware or treatment and that you understand their policy and terms and conditions. Payments for appointments must still be made at the time of treatment and reimbursement sought directly from your insurance company. Invoices can be provided upon request.

Signed...…………………………………………………………………… Date………………………