



**Lorren Barham Veterinary  
Physiotherapy**  
72 Plattekloof Road  
Plattekloof Glen  
@ Pet Wellness Worx, Western Cape  
7460  
South Africa

**Contact Information**  
Phone: 0605445682  
Fax: 0865205660  
Mobile: info@petwellnessworx.co.za  
Toll free:  
<https://www.facebook.com/PetWellnessWorx>  
Worx  
[www.petwellnessworx.co.za](http://www.petwellnessworx.co.za)

### OWNER INFORMATION

Owner Name &  
Surname:

### PET(S) INFORMATION

Pet Name:

### TERMS & CONDITIONS

1. Unfortunately, any animal with infectious or contagious conditions will not be treated, this includes but not limited to kennel cough and canine distemper virus. Please cancel your appointment timeously. I reserve my right, for whatever reason not to treat your pet.
2. Any appointment cancelled in less than 48 hours or 24 hours will be charged a cancellation fee or the full consultation fee.
3. If you are late, I may be unable to give your pet a full treatment or in some instances may be unable to treat your pet at all.
4. Please note that I am a COD practice and kindly request that you settle your bill in cash or EFT within 24 hours of the service/ product purchase. I do not have card facility but do have Snap Scan.
5. Any refund required for whatever reason will carry a handling fee of 35% of the invoiced amount.
6. Please do not exercise your pet before our sessions, as well as no feeding your pet 2 hours before & after our appointment.
7. For your safety, you are not permitted in the laser session for your pet, if you are pregnant or suspect that you are.
8. Enter my home/ premises at your own risk. I will not be liable for any loss/ injury or theft to you or your pet or your personal belongings/ vehicles etc however occasioned and hereby release any legal or financial liability arising from your visit
9. I am aware that the practice of holistic treatments is not an exact science and I acknowledge that no guarantees will be made. (Veterinary physiotherapy is a complementary service utilising the skills and knowledge available in our field)
10. If required, please request a copy of my data protection policy and voucher redemption policy.
11. Any photos or videos taken during our session may be used for training or social media.

### ACCEPTANCE OF T&C'S BY OWNER

I am the legal owner of this/ these patients and authorize this complementary therapy for my pet(s) and accept the above-mentioned risks & terms. I assume full financial responsibility for my pets' therapy. If my account is handed over to Attorneys or other agents for collection, I irrevocably agree to pay interest on the outstanding amount and for all costs related to legal counsel on their agreed scale and collection commission/ terms.

Date and signature:





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## GENERAL

I would like to welcome you and your pet to our family. I pride myself on being passionate about the service I offer and strive to give both you and your pet professional, educated and compassionate care. Certain policies are in place to carry out my service as effectively as possible these include:

All animals treated are worked on in consultation with your treating Veterinarian. This may be your usual Veterinarian, or a specialist Veterinarian, or both. If you were not directly referred by your Veterinarian, contact will be made with your Veterinarian before your first session to receive a full medical history as well as permission to treat their patient. All animals will be assessed before physical rehab treatment protocols are decided and carried out.

- Patients can only receive treatment if deemed fit enough for rehabilitation by a veterinarian.
- Patients suffering from any heart conditions, respiratory conditions or conditions that may be worsened by exercise must be given approval by your veterinarian to commence therapy

How did you hear about my service and whom may I thank for this recommendation?

