

By providing my signature below, I confirm that the information recorded above is complete, accurate, and honest to the best of my knowledge. I understand that energy healing therapies (including animal communication/healing) are not a replacement for medical/veterinary treatment, and that the practitioner may only perform treatments within her scope of practice and comfort level. Anything said during this session shall not be regarded as medical advice, treatment, diagnosis or prescription. I understand that the practitioner may refuse service at any time for any reason, and that clients may be referred to a medical professional if the practitioner feels this is necessary. I understand that it is my responsibility to inform the practitioner of any changes to my medical health profile and that the practitioner will not be held liable for anything resulting from my failure to do so. I agree that I have been given the opportunity to ask questions and make specific requests in order to make my treatment time as comfortable as possible. I have also read and will abide by all policies and client expectations that may be listed separately from this document.

Client Signature: _____ Date: _____

(Check here if you are signing as the legal guardian for a minor under the age of 18.)

Practitioner Signature: _____ Date: _____