

Feline Treatment Form - Level 4

Assessment Findings:

Treatment Comments:

Client Recommendations: Follow Up Treatment Date _____

Discussion with Veterinarian: (if applicable) Date _____

WAIVER/DISCLAIMER

I, the owner/authorizing care person of the animal receiving the Healing Touch for Animals[®] treatment understand that the Healing Touch for Animals[®] (HTA) techniques being provided promote a cooperative model to bridge holistic animal healthcare with traditional veterinary medicine. HTA techniques are intended to enhance the animal's healing process and do not replace traditional veterinary healthcare. I understand HTA Practitioners do not diagnose, prescribe medications or perform surgery and that I should refer to a licensed veterinarian for traditional medical care or for questions concerning specific illnesses.

I understand and agree that I am solely responsible for consulting a veterinarian in any case of physical, mental or emotional illness. I agree to keep my HTA Practitioner informed of any changes in my animal's condition as this could affect future treatments. Additionally, I grant permission for the HTA Practitioner to speak with my animal's veterinarian.

I acknowledge that the treatments described above, as administered by the HTA Practitioner, are offered as an adjunct to, but not a substitute for, veterinary care.

I understand that the HTA Practitioner is not a licensed veterinarian. I hereby waive all rights to any cause of action against the HTA Practitioner, or his/her assigns or beneficiaries, stemming from his/her treatment of the animal being treated. This waiver also binds my agents, assigns and beneficiaries.

Client Signature Accepting Waiver

Date