

Canine Treatment Form - Level 4

Date _____ Length of TX Time _____

Name _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

Dog's Name _____ Breed _____

Color/Markings _____ Male Female Spayed/Neutered

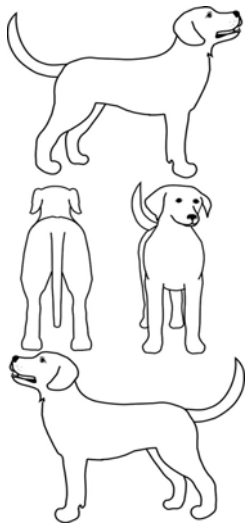
DOB/Age _____ Veterinarian _____ Phone _____

Animal's Job/Purpose (if applicable) _____ Personality ID _____

Treatment Classification Behavior Competition Disease Illness Injury Wellness Distance Session

Previous Conditions:

Reason for Treatment/Treatment Intention:

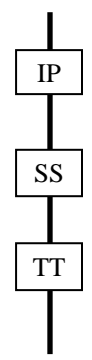


Chakra Assessment
Before TX After TX

7
6
5
4
3
2
1

Culprit Chakra (if applicable) _____

Hara Assessment
Before TX After TX



Treatment Techniques (number as used)

- _____ Bridging™
- _____ Bridging with Behavioral Change™ (5 steps)
 behavior issue = "Remember" _____
- _____ Chakra Balance for Animals™
- _____ Chi Balance™
- _____ Double Hand Boost
 location: _____
- _____ Energy Frequency Balance™
- _____ Etheric Heartbeat for Animals™
- _____ Grounding & Focus™
- _____ Hara – Chakra-Hara Anchor™
- _____ Hara – Hara Repair and Balance™
- _____ Laser
 location: _____
- _____ Magnetic Clearing for Animals™
 number of passes: _____
- _____ Trauma Release for Animals™

- _____ Ultrasound
 location: _____
- _____ Vertebral Release & Repair™
 location: _____
- _____ Vibrational Grooming™

Tuning Fork Techniques

- _____ Energy Field Clearing™ (Pair 5)
- _____ Space Clearing™ (Pair 5)
- _____ Sound Therapy Balance™ (OM)
- _____ Vibrational Therapy Chakra Balance™ (OM)

Essential Oils Application

- Essential Oil Thumbprint™:
- Inhalation:
- Hands on:
- _____ Other:

Canine 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