

# Equine Treatment Form - Level 4

Date \_\_\_\_\_ Length of TX Time \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_  Male  Female  Gelding

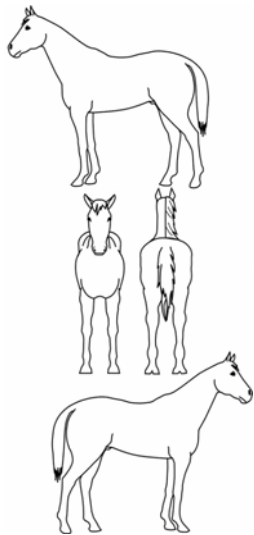
DOB/Age \_\_\_\_\_ Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

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:

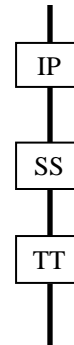


Chakra Assessment  
Before TX      After TX

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:

## Equine 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