## **Feline Treatment Form - Level 4**

	Date	Length of TX	X Time	
Name	Phone (H)	Pho	ne (W)	
Address	City	State	Zip	
Cat's Name				
Color/Markings		☐ Male ☐ Female ☐ Spayed/Neutered		
DOB/Age Veterinarian		Pho	ne	
	Job/Purpose (if applicable) Personality ID			
Treatment Classification ☐ Behavior ☐ Comp				
•	etition — Disease — inne	injury — weim		
<u>Previous Conditions</u> :				
Reason for Treatment/Treatment Intention:				
Reason for Treatment Treatment Intention.				
9				
<i>)</i> )	Chakra Assessment	Hara Ass	essment	
E	efore TX After TX	Before TX	After TX	
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Culpr	it Chakra (if applicable)	<u></u>		
<u>Treatment Techniques</u> (number as used)	,	(71.		
Bridging <sup>TM</sup>		Ultrasound		
Bridging with Behavioral Change <sup>TM</sup> (5 ste	eps)	location:	a i nTM	
behavior issue = "Remember"   Chaltra Palanca for AnimalaTM	<del></del>	Vertebral Release & Rep		
Chakra Balance for Animals <sup>TM</sup> Chi Balance <sup>TM</sup>	,	location: Vibrational Grooming <sup>TM</sup>		
Double Hand Boost		v ibrational Grooming		
location:		Fork Techniques		
Energy Frequency Balance <sup>TM</sup>	· · · · · · · · · · · · · · · · · · ·	Energy Field Clearing <sup>TM</sup> (Pair 5)		
Etheric Heartbeat for Animals <sup>TM</sup>	· · · · · · · · · · · · · · · · · · ·	Space Clearing <sup>TM</sup> (Pair 5)		
Grounding & Focus <sup>TM</sup>	· · · · · · · · · · · · · · · · · · ·	Sound Therapy Balance <sup>1</sup>		
Hara – Chakra-Hara Anchor <sup>TM</sup>		Vibrational Therapy Cha	kra Balance <sup>TM</sup> (OM)	
Hara – Hara Repair and Balance <sup>TM</sup>	Essential	Oils Application		
Laser		sential Oil Thumbprint <sup>TM</sup>	í <u>:</u>	
location:		alation:		
Magnetic Clearing for Animals <sup>TM</sup>	—— □ Ha:			
number of passes:		·		
Trauma Release for Animals <sup>TM</sup>		Other:		

Assessment Findings:  Feline Treatment For	rm - Level 4
Treatment Comments:	
Client Recommendations: Follow Up Treatment Date	
<u>Discussion with Veterinarian</u> : (if applicable) Date	_
WAIVER/DISCLA  I, the owner/authorizing care person of the animal receiving the Healing Touch Touch for Animals® (HTA) techniques being provided promote a cooperative traditional veterinary medicine. HTA techniques are intended to enhance the a veterinary healthcare. I understand HTA Practitioners do not diagnose, prescr refer to a licensed veterinarian for traditional medical care or for questions con	ch for Animals <sup>®</sup> treatment understand that the Healing e model to bridge holistic animal healthcare with animal's healing process and do not replace traditional ibe medications or perform surgery and that I should
I understand and agree that I am solely responsible for consulting a veterinaria I agree to keep my HTA Practitioner informed of any changes in my animal's Additionally, I grant permission for the HTA Practitioner to speak with my an	condition as this could affect future treatments.
I acknowledge that the treatments described above, as administered by the HT substitute for, veterinary care.	ΓA Practitioner, are offered as an adjunct to, but not a
I understand that the HTA Practitioner is not a licensed veterinarian. I hereby HTA Practitioner, or his/her assigns or beneficiaries, stemming from his/her to binds my agents, assigns and beneficiaries.	
Client Signature Accepting Waiver	Date