Health History and Treatment Consent Form (Animals)

Owner's name_____

Email _____

Phone_____

Address_____

_____

Pet's name _____

Type of animal_____

Breed_____

Age_____

General/current state of health. _____

Historic or current medical health conditions/concerns. Please list _____

_____

_____

Current medications/herbs _____

Does your pet have any allergies _____

Any longstanding/chronic conditions _____

_____

Is your pet being treated by a vet or other animal health practitioner Yes____ No____

Has the animal suffered any significant traumas or accidents? _____

_____

Do you have a particular area of concern/reason for session? _____

_____

How did you hear about us? Friend ____ Internet search ____ social media ____ Other ____

- I understand that Reiki is not a substitute for veterinary attention, examination, diagnosis, or treatment.
- **I have been advised that if I suspect my pet may have a medical condition, I should seek help from a qualified vet.**
- I confirm that the details given by me to the Practitioner are correct and that if any of the information given changes, then I accept I must inform the Practitioner accordingly.
- I understand that all information will be treated in strictest confidence.
- The Practitioner has fully explained the treatment and the procedures involved.
- I have had the opportunity to ask questions about the above and I am willing to proceed with the treatment.
- The above information is true to the best of my knowledge, and I have not withheld any relevant information. I understand that I am financially responsible for all payments and consent to the treatment.

Client Name_____

Client signature _____

Date _____

No treatment can take place without a fully completed consent form. Please sign and return it before the session. Thank you.

Michele Leembruggen, 0481 224 525, michleem@bigpond.com