



A breakthrough in the training and healthcare of companion animals

CLIENT INFORMATION

Name	Home Phone		
Address	Work Phone		
	Cell Phone		
E-mail Address	Fax		
Animal's Name	DOB		
Species: (circle one) Dog Cat Bird Other	Breed		
Age	Sex	Neutered	Weight
Vet Name	Practice Name		
Address	Phone		
	Fax		

CONSENT FOR SERVICES

I understand that TELLINGTON TTOUCH is considered to be an alternate (non-standard) modality and not a substitute for veterinary medical care. I further acknowledge that there are no guarantees, expressed or implied, of changing the above named animal. I request that VICTORIA SEVERNS (Practitioner) work with my animal and release her and the owner of any location where services are provided from all liability or injuries of any nature that may be associated with these activities. I agree to hold harmless and indemnify the above named practitioner(s) for any claim or damages for injuries resulting from the above named services.

Signature: _____

Date: _____

Signature of Client or legal representative if Client is under age 18