



Healing Through Balance, LLC
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Bringing Balance to the Mind, Body, and Spirit

New Client Animal Guardian Consent

I, _____ voluntarily request and consent to my animal, _____, receiving Energetic Healing services from Diana Christopher.

I understand and acknowledge that no guarantees have been made to me regarding the effect of Energetic Healing services.

I also understand and acknowledge that these services are not a diagnosis or treatment of any disease, that the State of California does not require Reiki/Energetic Healing practitioners to be licensed or hold any State certification, and that Reiki/Energetic Healing is merely an aid to balancing my animal's energy to promote his/her general wellness.

I understand that prior to my animal's first Energetic Healing session I will receive a verbal explanation of a generic Reiki/Energetic Healing session and that I may refuse any and all services on behalf of my animal at any time during any Energetic Healing session I choose to allow him/her to participate in.

I understand that Diana upholds the highest standards of care and professionalism and as an IARP Registered Reiki Professional abides by the IARP Code of Ethics, and that she extends these standards to animals as well as humans.

I understand that Energetic Healing is not a substitute for medical treatment or medications and that it is recommended that I also work with my animal's Doctor/Veterinarian/Primary Caregiver for any medical conditions s/he may have. I am aware that an Energetic Healing practitioner does not diagnose illness or disease and does not prescribe medications or supplements.

If myself or my animal experience any discomfort during any Energetic Healing session it will be immediately communicated to the practitioner so that the treatment can be adjusted.

Animal's Name (printed): _____

Signature of Guardian: _____ Date: _____

Guardian Name (printed): _____