Healing Through Balance, LLC
214 Main Street, Box 451
El Segundo, California 90245

admin@healingthrubalance.com
310-322-1049

Bringing Balance to the Mind, Body, and Spirit

New Client Animal Guardian Consent

I, _____ request / give consent for my animal companion _____, to receive 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 companion'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 Energetic Healing is not a substitute for medical treatment or medications and it is recommended that I also work with my animal companion's Doctor/Veterinarian/Primary Caregiver for any medical conditions she/he may have. I am aware that an Energetic Healing Practitioner does not diagnose illness or disease and does not prescribe medications or supplements.

I have read both the "*Office Policies for Energetic Healing Sessions*" and "*Statement of Rights and Responsibilities*" documents and agree with the information they contain.

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 or halted.

Animal's Name (printed): _____

Signature of Guardian: _____ Date: _____

Guardian Name (printed): _____