

## STATEMENT OF DISCLOSURE *(Example)*

In compliance with the Illinois Veterinary Medicine and Surgery Practice Act of 2004 the following information is being provided to you as the "owner or agent of the owner" of the animal(s) for which consent and acknowledgement of this treatment/therapy is being obtained.

I am not a veterinarian; I do not diagnose medical issues, offer medical advice, prescribe drugs, or perform surgery.

I am an intuitive consultant (in training), incorporating telepathy (translation/interpretation of pictures, thoughts, and emotions from the animals) with energetic modalities such as Reiki to provide individualized assistance for dogs, cats, horses, birds, and other companion animals, along with their humans. Your animal(s) will receive gentle, compassionate care based on knowledge gained through experience and courses taken in related modalities.

These services are not an alternative to or substitute for good veterinary care, proper nutrition, training, or exercise.

Name: \_\_\_\_\_

Practitioner

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## CONSENT AND ACKNOWLEDGEMENT OF TREATMENT/THERAPY

I have read and understand the above disclosure statement pertaining to the services provided by

\_\_\_\_\_. I understand that she/he is not a veterinarian, her/his services are not to be considered as veterinary medical treatment, and the comments, suggestions, or recommendations proffered are not to be construed as veterinary medical advice.

I (owner or agent of the owner) agree to have this service for my animal(s) and give my consent by signing below, in compliance with the Illinois Veterinary Medicine and Surgery Practice Act of 2004. I agree that

\_\_\_\_\_ will not be liable for any damage or loss caused by my animal(s). Their behavior now and in the future is solely my responsibility. Should any behavior by my animal(s), now or in the future, result in damage to the property, owners or persons of a third party, I agree to assume full liability to such third party for any such damage, and hold harmless

\_\_\_\_\_.

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_