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CONSENT TO TREATMENT

I, _____, of my own free will and volition consent to be treated at Paws To Heal Pet Bereavement Care.

I understand that Paws To Heal Pet Bereavement Care Practitioner is not a medical doctor, can not diagnose, prescribe or treat for any specific physical or mental condition and does not diagnose conditions, nor perform medical treatments, prescribe substances or interfere with the treatment of a licensed medical professional.

Sessions are not meant to take the place of a licensed physician professional and I do realize that it is strongly recommended to contact my physician or medical specialist for any medical conditions that I may have.

I understand that the session I am to receive is for relaxation purposes only. I will in no way whatsoever hold Paws To Heal Pet Bereavement Care responsible or liable for any reaction or consequence as a direct or indirect result of my treatment.

CLIENT SIGNATURE: _____ DATE: _____