

Client Waiver Form

Please initial and sign to verify you have read and understood the terms of the Animal Reiki session.

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that the treatments administered to the animal in my care, _____ (insert animal's name), are only for the purpose of relaxation and relief of tension and stress. Through the relaxation process, holistic therapies may assist to promote balance and normalization of the body naturally. Reiki practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical profession. It is recommended that I see a veterinary professional for any physical or psychological ailments the animal in my care may have.

I also understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long-term imbalances in the body may sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance.

_____ I understand that holistic therapies such as Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment of any medical condition, and that I should see a veterinarian, or other qualified medical specialist or counselor for any physical or mental ailment that my animal has that I am aware of. I understand that I may need to obtain permission from my animal's veterinarian to carry out a Reiki session and agree to consult my animal's vet before any sessions. I understand that Reiki is a complementary therapy that can work alongside veterinary care.

_____ I understand that the Practitioner is not in control of the outcome of the session and that the session may vary in length and outcome as a result.

_____ I agree to keep the practitioner updated as to any changes in the animal's medical profile and understand that there should be no liability on the practitioner's part should I forget to do so. Equally it is my responsibility to inform my veterinarian of any health changes in the animal.

_____ I accept complete responsibility for the care and safety of my animal under all circumstances.

_____ I understand that the Reiki session is being conducted at my own request and authorize ___Bernie Klatkiewicz_____ to conduct the session.

Signed _____

Print Name _____ **Date**

Practitioner Signature _____