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Consent and Acknowledgment to Therapy

I have read and understand the below disclosure and liability statement in regard to the therapy to be given to my

animal(s)	by Gillian Edwards / Four Paws Holistic Therapy.
reatment, and that comments be construed as veterinary me	s not a veterinarian, that the therapy given is not to be considered as veterinary, suggestions, or recommendations proffered in the course of this therapy are not to dical advice. Massage/touch therapy and other holistic modalities are not a al care, but rather they are a cooperative form of therapy.
,	(guardian or agent of guardian) wish to have this therapy for
my animal(s) and give my con √eterinary Practice Act.	sent and acknowledgement by signing below, in compliance with the Colorado
	(guardian or agent of guardian) certify that my animal has re and vaccinations, as needed.
consent to Gillian Edwards / F	nowledge that I have read and fully understand the previous statements and our Paws Holistic Therapy performing massage on my animal. I understand that I that I may have against Gillian Edwards / Four Paws Holistic Therapy.
Signed	Date
Witnessed	Date

Statement of Disclosure

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

My role is that of a facilitator, assisting your animal to attain and maintain a naturally healthy state. The specific results of the bodywork sessions will be different for each animal: beneficial effects of massage and bodywork include blood and lymph circulation, endorphin release, increased trust and mood elevation, improved flexibility, body awareness, muscle efficiency, increase in performance, shortened recovery time from illness, injury, or surgery, emotional calming, and injury prevention.

Liability:

1.It is expressly understood and agreed that Four Paws Holistic Therapy shall not be held responsible for any damage to Client's property, or that of others, caused by Client's pet(s) or by the act of third parties, during the period in which the pet(s) are in the care of Four Paws Holistic Therapy. I also agree that it is my responsibility to notify Four Paws Holistic Therapy of any pet(s) that has ever caused an injury to any human or other pet.

2.If a pet has a history of biting or other aggressive behavior, Four Paws Holistic Therapy reserves the right to refuse service. Bites must be reported to the local authorities as provided by law. The owner will be liable for the representatives medical care expenses and damages that result from the pets aggressive behavior, such as but not limited to an animal bite or infected wound caused by the pet.