

MagnaWave Session Release

Owner's Name _____ Date _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Animal's Name _____

Veterinarian & Contact Info _____

Does your animal have a current injury and/or illness? Yes ☐ No ☐

If yes, please describe _____

Is your animal under veterinary treatment? Yes ☐ No ☐

If yes, please explain _____

If your animal is taking any medications, please list them and provide start/end date (if applicable)

When was your animal last vaccinated _____

****PEMF creates more cell permeability and may increase absorption of medications, liniments, and topicals.***

I, _____, agree to fully and forever release and discharge, and defend, indemnify, and hold harmless, the practitioner and/or practitioner's company, _____, and its owners, directors, officers, representatives, members, employees, or agents, and MagnaWave, and its owners, shareholders, directors, officers, representatives, employees, or agents, from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property or any other person, directly or indirectly arising out of or in connection with the PEMF services provided by practitioner and/or practitioner's company.

Signature _____ Date _____

I (name printed) _____ have permission to use
MagnaWave on (animal's name) _____ on behalf of (animal's owner)
_____.