

Consent Form

ANIMAL DETAILS:

"I Michele Walton expect you have the advice of a vet and to do so if you have not. Shamanic Healing for Animals is complementary to veterinary medicine not an alternative to it"

Type of Animal to be treated: Breed:

Name of Animal: Location:



CLIENT DETAILS:

"I hereby give permission for Michele Walton to work with the above mentioned animal"

Signed: Address:

Name:

Date:

Telephone Number:

Mobile Number: Email Address:

I confirm I am the owner/caretaker of the animal to be treated.



A signed form must be received before treatment can begin.