Customer Consent and Acknowledgment of Acupressure Session

I have read and understand the above disclosure statement in regard to the acupressure session therapy to be given to my animal(s), by

Elizabeth A. Limtiaco, Small Animal Acupressure Practitioner

_____.

I understand that this person is not a veterinarian, that the session given is not to be considered as veterinary medical treatment, and that comments, suggestions or recommendations offered in the course of this treatment / therapy are not to be construed as veterinary medical advice. Acupressure, Massage /touch therapy and other holistic modalities are not a substitute for veterinary medical care, but rather a cooperative form of treatment.

I, _____ (owner or agent of the owner), wish to have this treatment / therapy for my animal(s) and give my consent and acknowledgement by signing below.

I, _____ (owner or agent of owner), certify that my animal has received regular veterinary care and vaccinations, as needed.

Signed _____Date_____

Address _____

City / State / Zip _____

Phone _____Email_____

_____

Veterinarian Contact Information:

Name and Practice _____

Address _____

City / State / Zip _____

Phone _____

*The practitioner reserves the right to contact your veterinarian with any questions about your animal(s).

Practitioner Statement of Disclosure

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

I am an Acupressure Provider. I have been providing this service since (2009). *I am a graduate of Tallgrass Animal Acupressure Institute and I received 270 hours of clinical and lecture studies.* In addition to these courses, I have also completed,

Bachelor of Arts Degree in Psychology, Cum Laude
with focus on Chinese philosophy

_____.

My role is that of facilitator, assisting your animal to attain and maintain a naturally healthy state. The specific results will be different for each animal: beneficial effects of massage, acupressure and other modalities will vary but may include circulation of blood and lymph, pain relief through endorphin release, increase in trust and mood elevation, improved flexibility; body awareness, muscle efficiency, increased performance, shortened recovery from illness, injury or surgery and emotional calming.

_____ _____

Name **Title**

_____

Address

_____

_____

* Are you willing to provide a testimony if you have a great experience? Mahalo.

Please circle: Yes / No