



+41 79 541 67 24
julie@julieklein.com

Date _____

Client Information

Name _____

Address _____

E-mail _____ Telephone _____

Mobile _____

Animal Information

Pet's Name _____ Age _____ Male Female

Dog Cat Rabbit Bird Other _____ Breed _____

Microchip Number _____

Veterinary Information

Veterinarian's Name _____

Office Address _____

E-mail _____ Telephone _____

Consent For Services

I have supplied the required information to the best of my ability. I understand that TELLINGTON TTOUCH is considered to be an alternate (non-standard) modality and not a substitute for veterinary medical care. I further acknowledge that there are no guarantees, expressed or implied, of changing the above named animal. I request that JULIE KLEIN work with my animal and release her and the owner of any location where services are provided from all liability or injuries of any nature that may be associated with these activities. I hereby confirm I hold RC insurance (assurance responsabilité civile) on which the above named animal is listed. I agree to hold harmless and indemnify JULIE KLEIN for any damages or claim for injuries resulting from TELLINGTON TTOUCH services. I assume full responsibility for my pet, and any harm or damages s/he may cause during TELLINGTON TTOUCH services, by taking all necessary precautions.

Signature _____ Date _____