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Date _____

TTouch Session Information

Client's Name _____

Pet's Name _____

TTouch Session Objectives

What would you like to accomplish with TTouch? _____

What is the current problem? _____

When and how did it start? _____

Does each member of the family consider this a problem? _____

What have you tried in attempting to resolve the problem? _____

What did you see as a result? _____

TTouch Session Commitment

Would you commit to at least 3 TTouch Sessions? Yes No

Session 1 _____ Session 2 _____ Session 3 _____

Signature _____ Date _____