

Owner Information

First Name:	Last Name:	
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Work/Cell Phone:	
Email:		

Animal Information

Name:		
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Breed:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Color:		
Birthdate or Age:	Weight:	
Medications/ Heartworm or Flea Prevention:		
Reason for Visit:		

I understand that there will be a fee for aromatherapy services and agree to this fee. I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize K-9 Body Works to perform the following procedures or services:

Treatment Plan (to be discussed and agreed upon at consultation)

I understand that no guarantee or assurance can be made as to the results that may be obtained from this visit. It is understood that I assume all risks involved with any treatments or procedures for the above listed animal.

I have read and agree to the above statement _____

(Owner/Authorized Agent Signature)