

# Steady Companion Holistic Treatment

## Terms of Service & Release of Liability Form

### Instructions & Guidelines:

- Complete the following Steady Companion Terms of Service & Release Form listing all animals who will receive services during your scheduled appointment.
- Sign the document and email a copy of the completed form to [cheri@steadycompanion.com](mailto:cheri@steadycompanion.com) no later than 24 hours prior to your animal's scheduled appointment.

### Disclosure Statement / Terms of Service:

I, Cheri Wildes, am not a Veterinarian. I do not diagnose or treat medical issues, wounds, injuries, offer medical advice, prescribe drugs, perform surgery or other mechanical therapies restricted to the field of Veterinary medicine. I also do not, adjust or manipulate the animal's body or spine, or perform Acupuncture.

My role is that of a holistic Practitioner. My services are solely for the purposes of supporting the animal's overall well-being, and to assist the animal to attain and maintain a naturally healthy state. The specific results of a body or energy work session will be different for each animal.

Some of the beneficial effects of body and energy work include:

- Improved flexibility and body awareness.
- Pain relief through endorphin release.
- Muscle efficiency, increased performance and injury prevention.
- Shortened recovery time from illness, injury or surgery.
- Emotional calming, mood elevation and increase in trust.

### Release of Liability & Consent:

I have read and understand the above Disclosure Statement and Terms of Service regarding the services to be given to my animal(s) by **Cheri Wildes of Steady Companion**.

I understand that Cheri Wildes is not a Veterinarian, that the services given are not to be considered as Veterinary medical treatment, and the comments, suggestions and recommendations offered during this service are not to be construed as Veterinary medical advice.

Body & Energy Work and other holistic modalities are not a substitute for Veterinary medical care, but rather a cooperative form of therapy.

I wish to have this service for my animal(s). I give my consent and acknowledgement by signing below, in compliance with the Washington State Veterinary Practice Act.

I certify that my animal(s) have received regular Veterinary care and vaccinations, as needed.

List names of all animals who will receive services: \_\_\_\_\_

In signing this document, I acknowledge that I have read and fully understand the previous statements and consent to **Cheri Wildes of Steady Companion** performing Body or Energy Work Services or other holistic modalities as outlined above on my animal(s).

I understand by signing this document, I am waiving any and all claims I may have against **Cheri Wildes of Steady Companion**.

\_\_\_\_\_  
Print Owner or Agent's

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Name Sign Owner or Agent's Name

\_\_\_\_\_  
Date