



# Whole Energy Body Balance

Whole Energy Body Balance™ Pty Ltd  
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## Whole Energy Body Balance™ method consent form (animals)

Animal's Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Animal's name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex + desexing status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health History (please describe all major illnesses and any trauma your animal has experienced – physical and non-physical):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

*I hereby request and consent to the performance of Whole Energy Body Balance (WEBB) method Bodywork or Energywork on my animal by the WEBB method practitioner named below.*

*WEBB treatments help to reduce pain and tension while inviting healthy movement throughout the physical and non-physical structures of the body. WEBB treatments may relieve anxiety and trauma. I understand that WEBB practitioners do not diagnose illness or disease, nor do they prescribe any medical treatments (unless they are also a registered veterinarian). I am aware that WEBB treatments are not a substitute for veterinary examination, and I will seek care from a registered veterinarian if my animal has or develops any health issues that require this level of care. I accept that even though most animals show visible improvement after WEBB treatments, the WEBB method promises no long term results, nor does it claim to cure disease or illness.*

*The WEBB practitioner must be made aware of all health conditions of the animal due to certain contraindications or cautions for WEBB treatments. I will update any changes to my animal's health before future treatments. If at any time during the treatment the animal guardian or the practitioner is uncomfortable for any reason, they will immediately say so. All information will be kept strictly confidential and will remain with the WEBB practitioner. I have read and agree with the above information. If I have any questions or concerns, I will let the WEBB practitioner know right away.*

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

WEBB Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_