Tellington-Touch/TT.E.A.M. Companion Animal Consent Form

Owner/Handler Name	-				
Home Phone					
Mailing Address					-
Work Phone					
Fax					-
Companion Animal (circle one): Do	g Cat	Bird	Other	,	
Animal's Name:					
Breed:					
Age: Sex:	٠.				
companion animal. I give permission to above for record purposes. I request that my companion animal* and release Kildamages or injuries of any nature.	KimT	ode do	Tellington-Touc	:h/TT.E.A.M	. work on
Signature of Client or Legal R	lient under Age				
*including, if applicable, post operative w	ork unde	r the sup	pervision of a vet	eranary phys	ician.
HISTOR	RY (Pleas	e be sp	ecific)		
How do you feel about your animal			-	? What wo	uld you
like changed?					_
					
Problem / Description:					
		· .			·
When did it start?					_
How did it start?				lin	

<u>OVER</u>

How long has the proble	m gone on?		
What circumstances/cor	ditions were going	on when the prob	olem started?
What have you done to r	esolve the problem	1?	
Will you commit to at le What does each member			
If the behavior is a proble	em, does each perso	on consider the be	havior a problem?
	FVAII	JATION	:
(To be co	empleted by the client		oceedings)
Please indicate the overa	ll change in your a	nimal at the end of	f the work done with yo
Excellent	Good	Fair	Poor
Would you recommend	his work to a fried	?	
What was the most signif	ficant improvemen	t?	
Was there anything you	would like to be do	ne differently?	
Other comments of thou	zhts:		