



Client-Animal Guardian Information

Joene Scharf CSAMP, CRP
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541-280-1749

Name _____

Phone _____ (Cell) _____

Mailing address _____

City, State, Zip _____

Email (optional) _____

Animal's Name: _____

Species: Canine Feline Equine Other

Breed: _____ Age: _____

Canine and Feline Clients—Altered? Yes No

Please list any concerns, special needs or important information here: (i.e.: doesn't like back feet to be touched)

I understand that:

MoonFire Therapies, llc—Joene Scharf, CSAMP, CRP, is certified in Animal Massage and Reiki. I understand that I need a Veterinary referral in order to receive Massage services for my animal. I understand that Joene Scharf is not a Veterinarian, and does not diagnose conditions or prescribe medications. I understand that if there is at any time a Veterinary related concern not previously diagnosed and or discussed with my Vet, I need to seek their advice. MoonFire Therapies, llc and Joene Scharf is in no way responsible for discerning medical issues, not previously discussed and will not be held liable in the case of illness or undiscovered ailments, injuries or conditions. Joene will however, do her best to make note of anything “suspicious”, and refer me back to my veterinarian. I also understand, that while there can be great benefits to massage therapy , there are no implied guarantees or claims to cure, heal or replace the care of my veterinarian. Massage Therapy is designed to be supportive to my animals current health care regimen. I agree to make payment in full, at the time of service. I understand if my check is returned, I will be charged \$25. Cash or Check preferred.

Signature: _____ Date: _____

Thank you for your time in filling out this form. My Goal is to provide the best possible experience for your Companion Animal and to act in the *animals* best interest. Sessions will vary, depending on the needs of your animal. Thank you for choosing MoonFire Therapies and I look forward to working with you!

Would you like to be added to our E-mailing list? Yes _____ No _____ (For specials, or new services, etc)

How did you hear about MoonFire Therapies? Vet Referral: Friend: Flyer or Pamphlet:

Other: _____