



**STAR HEALING EQUINE<sup>SM</sup>**  
**First Treatment Form**

**INTAKE/ RELEASE FORM**

For Certified Practitioners ("Certified Practitioner") of Healing Enterprises, LLC, doing business as Star Healing Equine ("Star Healing Equine"). Kelly Hampton, founder.

Owner's Name: \_\_\_\_\_ Date of first session \_\_\_\_\_

Equine's Name \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Payment Method: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit

Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Age of Horse \_\_\_\_\_ Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_  Mare  Stallion  Gelding

Coggins? \_\_\_\_\_

When was the last worming? \_\_\_\_\_

Teeth ever floated? \_\_\_\_\_

Approx. date of last vaccinations? \_\_\_\_\_

Has your animal had other energy healing sessions? If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Any known medical conditions for your animal(s)? Including any fears/phobias/bad habits? What are your your goals for today's healing session/workshop?  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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Are you aware of any pain in the equine's body? If so, how would you describe it as mild, moderate or severe? Where is it located and how long has it been present?

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What environment has the equine been in recently? \_\_\_\_\_

How many people typically care for your horse? \_\_\_\_\_

How does the equine travel/trailer? \_\_\_\_\_

How old was the equine when you become owner? Any history of abuse with the animal?

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What treatments have been used in the past? How successful were they? Please describe:

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Is there any other information, including care giver's information, which you feel may prove beneficial for Star Healing Equine™ to be aware of in advance?

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Who can we thank for referring you to Star Healing Equine™?

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May we kindly use your testimonial to help spread the system? \_\_\_\_\_yes \_\_\_\_\_initials

\_\_\_\_\_Not at this time \_\_\_\_\_initials

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### **Waiver/Disclaimer**

I, the owner/authorizing care person of the animal receiving the Star Healing Intergalactic Energy™ treatment understand the Star Healing Intergalactic Energy™ techniques being provided promote a cooperative model to bridge holistic animal healthcare with traditional veterinary medicine. Star Healing techniques are intended to enhance the animal's healing process and do not replace traditional veterinary healthcare. I understand the Star Healing Intergalactic Energy™ Practitioners do not diagnose, prescribe medications or perform surgery and that I should refer to a licensed veterinarian for traditional medical care or for questions concerning specific

illnesses. I understand the Star Healing Intergalactic Energy™ Practitioner is not a licensed veterinarian. I hereby waive all rights to any cause of action against the Star Healing Practitioner, Healing Enterprises LLC, Kelly Hampton or his/her assigns or beneficiaries.

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

Client signature accepting waiver. I have read and agreed to the above terms

**\*\*\*PLEASE NOTE: RECORDING OF YOUR ANIMAL'S SESSION IS PROHIBITED.**

**THERE ARE NO REFUNDS FOR CANCELLATIONS AFTER BOOKING A SESSION. AN ADVANCE DEPOSIT IS REQUIRED TO SECURE A HEALING OR WORKSHOP TRAINING SESSION\*\*\***

The above information is true and correct to the best of Client's knowledge. Client understands that the alternative practice called Star Healing Equine<sup>SM</sup> is not regulated as a veterinary or any kind of medical practice, nor is it licensed by the state, territory, possession, country, or other jurisdiction. Client acknowledges that the healing modality requires some physical contact with the animal. Sound and some gemstones and crystals along with energetic movement will be used on the animal and within its environment. Client warrants that it holds full ownership rights to the animal, including the right to authorize Star Healing Equine<sup>TM</sup> to perform the healing modality. Client further warrants that it is fully responsible for securing any licensing and permissions which may be necessary prior to the conducted session to use the stabling or any other housing facility. Client recognizes that Healing Enterprises, LLC and its certified practitioner(s) are not licensed physicians and do not diagnose, treat, cure, or prevent any illness, disability, or affliction, whether physical or mental. Client shall not suspend or avoid prescribed medical treatments for its animal. Client is solely responsible for continuing any medical treatment for the care for its animal. Healing Enterprises, LLC shall be indemnified and held harmless for any loss, damages, liability, or expense incurred or sustained by reason of any act performed or any omission which may occur on the premises as a result of or during the conducting of a healing session or workshop, including any judgment, award, settlement, reasonable attorneys' fees, and other costs and expenses incurred in connection with the defense of any actual or threatened action, proceeding, or claim. If Client becomes aware that someone else is presenting workshops in this healing modality, Client must notify Healing Enterprises, LLC at [Kelly@kelly-hampton.com](mailto:Kelly@kelly-hampton.com). At this time, Kelly Hampton is the only person able to conduct training workshops. Client releases the Certified Practitioner, Healing Enterprises, LLC, and its employees and managers from all liabilities and claims of any kind arising from this session, whether known or unknown and whenever occurring. Client shall indemnify and hold harmless Healing Enterprises, LLC for any loss, damage, liability, or expense incurred or sustained by reason of any inaccuracies contained in this client intake/release form. By signing below, Client acknowledges and fully agrees with the above information.

Signature of Client/Animal Owner:

\_\_\_\_\_

Printed Name of Client/Animal Owner:

\_\_\_\_\_

Name of Workshop Facilitator/Practitioner: \_\_\_\_\_

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

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