

Consultation Agreement

Consultation Date: ____/____/____

Legal Name: _____
(However you would sign a tax document.)

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

In signing this, I understand that I and only I, am responsible for any and all information. I also do not hold my consultant responsible for anything concerning this consultation. I further agree that all modalities consultations offered are not a replacement or substitute for medical or psychological treatments.

Signature: _____

Date: ____/____/____



Dolphin Healing Hands

May Peace, eternal love, light & harmony be your reality

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