**Radiant Animal Wellness**

Krystal L. Beers

AUTHORIZATION FORM

*This form* MUST *be physically signed –* NOT *typed - and emailed or snail mailed back to us* PRIOR *to your consultation*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in affixing my signature to this instrument do thereby agree to and understand the following:

1. That Krystal L. Beers is a natural animal health counselor who is legally able to instruct and educate others in self-help methods of animal health such as the use of proper exercise, diet, nutritional supplements, natural remedies, water, sunshine, fresh air, rest and attitude;

2. That Krystal L. Beers, in no context of the phrase “practices medicine” and therefore does not diagnose, prescribe, treat, administer, cure, heal or otherwise perform a duty that is reserved for those who are licensed to do so;

3. That the instruction concerning a healthful lifestyle for your pet is incidental to any particular illnesses and diseases he/she may have and is therefore not made in direct references to these;

4. Any healing of illnesses or diseases your pet may experience as a result of following the instruction of Krystal L. Beers, was purely the result of the body itself once a naturally correct way of living was employed, for it is only the body that heals itself, not any person;

5. That no claims or guarantees have been made as to any health benefits that may result from my following the instruction given by Krystal L. Beers, concerning a naturally correct way of living for your pet;

6. That the instruction given by Krystal L. Beers, in no way replaces proper veterinary medical care, and that I am free to choose a naturally right lifestyle for my pet;

7. That under penalty of perjury I am not an agent of any branch of the federal, state or local government for any agency thereof, with intent to entrap or entice Krystal L. Beers, her staff, employees and/or associates into breaking any federal, state, or local law whatsoever, acting either on my own behalf or on behalf of the agency of the government or on behalf of any government agency directly.

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