



Kim Bloomer, C.V.N.D. Animal Naturopathic Consultant

AUTHORIZATION FORM

This form MUST be physically signed – NOT typed - and faxed, 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 Kim Bloomer, CVND, 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, water, sunshine, fresh air, rest and attitude;
2. That Kim Bloomer, CVND, 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 Kim Bloomer, CVND, 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 Kim Bloomer, CVND, concerning a naturally correct way of living for your pet;
6. That the instruction given by Kim Bloomer, CVND, 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 Kim Bloomer, CVND, 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;

Signed _____

Date _____