

# *Vibrational Medicine Healing*

## **Animal treatment request form**

Please provide a small hair sample - it only needs to be a small lock of hair to act as the witness for the treatment. A feather or nail clipping will also serve as a witness if no hair is available.

If you have several animals requiring treatment please ensure that each hair sample is clearly labelled and a separate treatment request form provided for each animal.

Send this form along with the hair sample and a cheque for £30 made payable to Sue Grice to the following address:

Sue Grice  
Rhnagoup  
Dallas  
Forres  
Moray  
IV36 2RZ

Animal's Name:

Age:

Species:

Your contact details – please provide at least one point of contact.

Email:

Tel:

Address:

Please tick box to confirm that you have the vets consent for this animal to be treated with vibrational medicine.

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*Where multiple forms have been posted please ensure that the name is put on all pages*  
**Name:**

A brief medical history of the animal:

Please describe the symptoms or problems you would like treated:

Any other information you think may be relevant: