

## **Services Explanation & Application Form**

Please fill in and sign the following if you desire to use our services. This application is necessary for our records for verification. Thank you for your understanding, support and trust as we each chart waters into the future of health care stewardship. Copy, fill in and send to “**Caring Holistic Services, 105 Police Club Drive, Kings Mountain, NC 28086**; or **FAX to 704-734-0061** prior to a phone consultation. If you have many animals under “pet name(s)” you may write “various.”

### **CARING HOLISTIC SERVICES**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PET NAME (s) \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

I understand that Dr. Roger DeHaan provides Sacred Healing Services as a Nemenhah Medicine Man and Traditional Spiritual Leader of the Nemenhah Church for the benefit of animals, people and the planet. Various orthodox, alternative & complimentary therapies are offered as a sacred trust as together we seek the best health path for each situation. All healing modalities and services are offered as an Ordained Minister and as a member of (a) the Nemenhah Religious Order. Together we ask the help of the Father, the Son and the Holy Spirit which approach and which remedies will best serve each situation.

I understand that my donations are to sustain and support the services I have requested. In signing the following I understand, accept and recognize we are participating as beneficiaries of these services. It is also understood no claims of restoration of health can be made or guaranteed.

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