

Animal Intake:

Date: _____

OWNER INFORMATION:

Name: _____ Phone: _____

Address: _____

Email: _____ How did you hear about me? _____

ANIMAL'S INFORMATION:

Name: _____ Species: _____ Breed: _____

Sex: _____ Age: _____ Spayed/Neutered? _____ Indoor/Outdoor/Both? _____

Length of time animal has been with you? _____

Veterinarian Care:

Who is your current veterinarian? _____ Date of last vet visit? _____

Vaccination Program:

Which vaccines is your animal given? _____

Frequency (yearly?): _____ Date of last vaccination: _____

Type/Brand of Food? _____

Current Medications/Supplements (Including flea/tic/heartworm, other parasite medications):

Exercise Program: (How is your animal exercised and how often?)

Animal's Family/Group Make Up:

Please list people in your family:

Other People your animal frequently socializes with: (friends, trainers, sitters, etc.)

Other Animal's in your Family:

NAME

TYPE/BREED OF ANIMAL

HOW LONG IN FAMILY?

Health History :

Presenting Issues /Concerns (Physical, Emotional, Behavioral, etc):

INTENSITY

On scale of 1-10

(1 as best possible /10 as worst possible)

1. _____

2. _____

3. _____

4. _____

5. _____

How long has have these issues presented? _____

Where there any unique circumstances or transitions occurring in you animal's life when problems first presented? If so, please explain:

Have you tried to resolve these issues through other means? If so, please explain:

How would you characterize your animal's:

1. Energy Level: _____

2. Appetite: _____

3. Condition and Regularity of Bowl Movements: _____

4. Anxiety/Stress Level: _____

5. Quality/Condition of Skin/Coat: _____

What is the typical demeanor of your animal? _____

How is your animal with unfamiliar people? _____

How is your animal with other animals? _____

Any places on body your animal guards/has sensitivity/does not like touched?

Anything else you would like me to know? _____

Consent Form:

I _____ (print name), understand that the BodyTalk session provided by this Certified BodyTalk Practitioner for my animal _____ (please print animal's name) is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may be creating pain, discomfort or disease for my animal.

BodyTalk is non-invasive, safe and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that BodyTalk is not a substitute for veterinary care or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the the Practitioner prescribe medications. I understand the BodyTalk Practitioner strongly recommends immediate veterinarian attention for any physically based conditions with my animal.

I understand that participation in a BodyTalk session for my animal is voluntary and that at all times I may choose to end our participation. I understand that the safety and care of my animal is ultimately my responsibility.

I agree to pay a \$_____ fee per session. Payment is due at time of service. Since time has been especially reserved for me, I understand that a 24-hour cancellation is required to avoid charges for my scheduled session.

If I have any questions or concerns, I will address these promptly with the BodyTalk Practitioner.

I hereby authorize the Certified BodyTalk Practitioner to provide my animal with BodyTalk sessions.

SIGNATURE

DATE

ADDRESS

PHONE

EMAIL