

INTAKE FORM

Service: Reiki

CLIENT INFORMATION		Date:
Name:		Phone:
Address:		
Email:		
How did you hear about us?		
ANIMAL'S INFORMATION		
Name:	Species:	Breed:
Sex:	Age:	Vaccinations:
Veterinarian:		Date of last Vet Visit:
Type of food:		Feeding Schedule:
Current Medications/Supplements (flea, tick, heartworm, etc.):		
Exercise type and frequency:		Is your animal sensitive to touch?
Presenting Issue/Concern:		
How long has/have these issues been present?		
What other medical or non-medical treatments are being provided to the animal?		
Other comments/questions?		