

ENERGY HEALING INTAKE FORM FOR PETS

Pet Name/Owner: _____

Date of birth: _____

Date of initial visit: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

The following information will be used to help plan safe and effective Energy Healing sessions for your pet. Please answer the questions to the best of your knowledge.

Has your pet ever had an Energy Healing session before? yes no? If yes, what was it and how often?

If yes, please briefly describe your purpose for the session and your experience:

Your pet does not have to be in a certain position for the session. The practitioner will work with your pets free will. Please write any comments you feel are necessary:

What is your goal for this Healing session? (please circle all that apply)

Relaxation Wellness Increased vitality Stress reduction Pain reduction

Other _____

Is there a stressful event that has happened to your pet recently? yes no

If yes, please describe it and how you think it has affected your pet's health and behavior?

Is there a particular area(s) of the body where you would prefer to focus on with your pet? Is your pet experiencing tension, stiffness, pain, or other discomfort/distress? yes no If yes, please explain:

Does your pet have any allergies or sensitivities? yes no If yes, please explain:

Is your pet currently under medical supervision? yes no If yes, please explain:

Is your pet currently taking any medications? yes no If yes, please list:

Is there anything else about your pet's health and history that you think would be useful for your Practitioner to know to plan a safe and effective session?

I, _____ understand that I must pay at the time of the session. I understand that if I do not pay for the session I will not be able to book another session until it is paid for and the next session must be paid in advance.

I, _____ understand that the healing my pet receives is provided for the basic purpose of pain relief, relaxation and relief of tension and stress. I understand that the healing should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of with regard to my pet. I understand that Energy Healing Practitioners are not qualified to diagnose or prescribe any treatment and that nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions and experiences that I am aware of regarding my pet, and answered all questions honestly. I agree to keep the practitioner updated as to any changes with my pets medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____
Signature of Practitioner _____ Date _____