

ANIMAL BODYWORK & NUTRITION NEW CLIENT/PET FORM 2021

Date: _____

Animal Name: _____ Species: _____ Breed: _____

Date of Birth or age: _____ Sex: Male/Female/Neutered/Spayed (circle) Color: _____

Your Name: _____ Spouse/Co-owner: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Dr Lic / SS # for checks: _____

How did you hear about our practice: _____

DVM: _____ Clinic: _____ PH: _____

What Specialists have you seen?

My pet has or has had the following: Check all that apply.

___ Problem with weight _____ X-Rays: for/of _____

___ Problems walking _____ Any Surgery

___ Neck pain, back pain _____ Type: _____

___ Nerve related problem _____ When: _____

___ Old, feeble _____ Where: _____

___ Fears, phobias, anxiety, stress _____ If leg, which one: _____

___ Arthritis _____ Allergies

___ Blood Tests _____ Chronic disease – if so what?

CURRENT MEDS or SUPPLEMENTS: _____

DIET: _____ CANNED ? DRY? (circle what applies)

Things I would like to learn about to help my pet live a healthier happier life and prevent future potential problems.

Check all that apply.

___ Stretching or exercises I can do at home _____ Nerve Assist I can do at home

___ Underwater treadmill therapy _____ Laser therapy

___ Auriculotherapy, massage _____ Harnesses or gear to help walking

___ Expanding my knowledge in nutrition _____ Micro current for pain, healing, stress

___ Herbs, supplements that might help

___ Fur Mineral Analysis test to identify vitamin & mineral deficiencies and toxicities to target nutritional etiology related to his/her current condition and future

___ Help with finding a diet or recipe that could be more helpful for him/her

List any sporting event or show events in which your animal participates:

What are you looking to accomplish today?

We will gladly prepare a written estimate of service fees if you desire. Please ask the receptionist or doctor before the exam.

I understand that fees are due at the time services are rendered and that past due accounts are subject to late fees and collection charges. There will be a service charge for any check returned unpaid.

Signature (Owner / Agent) _____