

Date:

Your Name:

Address:

Phone:

E-mail:

May I add you to my email list? Please tick: yes no

Did someone refer you? If yes, who?

Name of animal:

Age:

Gender:

Type of animal (dog or cat):

Breed:

Is your animal a rescue?

How long have you lived with your companion?

Do you have other animal companions in your home?

Please list your main concern(s):

Physical (surgery, incontinence, lack of thirst, loss of appetite, excessive drooling, joint issues, low energy, particular places your animal does not like to be touched, etc.):

Emotional / Behavioural (social interactions with other animals and/or people, unusual aggression, possessiveness, personality changes when away from home, jealousy, anxiety, pacing, etc.):

What are your goals for our session(s)? Please tick the items that apply and provide a detailed description.

Separation anxiety
Anti-social behaviour (withdrawing, cowering, fear of people or other animals)
Aggression (growling, biting)
Digestive issues (constipation, vomiting, diarrhea, passing gas)
Stress (changes to home, new baby or family member, changes to schedule, taking on guardian's stress)
Chronic pain (hip pain, joint pain, discomfort of old age)
House training issues
End of life care
Other:

Disclaimer:

I understand that energy therapy is a complementary therapy and does not replace medical care or diagnosis by a licensed medical professional.

I understand that Radiant Reiki does not diagnose conditions, prescribe or perform medical treatment, and that she does not interfere with the treatment of a licensed medical professional.

I understand and acknowledge that no guarantees have been made to me regarding the outcome of the services.

I understand that all information gathered will be kept confidential and private, and that my information is shared only with my written consent, unless required by law.

I understand that safeguards are in place to protect my information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

I agree that Radiant Reiki can collect and disclose my personal information as set out in this form.

I have read, understood and agreed with all the above statements.

Signature: _____

Date: _____