



Reiki Intake Form

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| 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? | | |