



Reiki Intake Form

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?			