

Health Consultation Intake Form - Dogs

Contact Informat	tion		
Date:			
Name:			
Address:			
	Postal Code/ZIP		
Phone: Home		Cell	
Email Address: _			
-		sletters for health inform newsletters you would l	nation, tips and health new ike to receive.
	Horses	Dogs-Cats	People
Billing Informati	i <b>on</b> (OMIT if fees h	ave been paid on line)	
Visa/MC #:			
Expiry:	3	3 Digit Security #:	
(Note: Signature p	ermits us to charge as authorized by th	the above credit card for	r the consultation fee and
Health Informati	on		
Name of Dog:		Male/Fem	ale
Breed:		Age	

1)	How long have you owned your dog?
2)	List current health problems:
3)	What health problems occurred in the past - including accidents and surgeries?
4)	What type of food is your dog currently eating? Attach an ingredient list.

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6) Please list the vaccination history if known:

7) What other holistic therapies has your dog been treated with?

8) What other information is relevant to your dog's health including behaviour or emotions.

\*\*Please include two pictures: one full body and one portrait.

## Disclaimer

This consultation is intended to provide health information and Elisha Edwards Inc., and Riva's Remedies Ltd. reminds clients that this information is not intended to be used as a diagnosis or to treat specific health problems or diseases for their animals. The information should not be considered as a substitute for qualified veterinary advice. In the holistic health care model, our aim is to support wellness of the whole body.

We also provide information on products, but it is the client's responsibility to ensure that any products used are appropriate and that there are no contraindications for their specific situation.

Elisha Edwards Inc., and Riva's Remedies Ltd. and their owners, employees or affiliates will not be liable or responsible for any loss, damage or health problems caused directly or indirectly by the use or attempted use of any of the information or products. People should always seek the services of a qualified health care professional.

Signature

Date

## **Riva's Remedies**

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