



Health Consultation Intake Form - Cats

Contact Information

Date: _____

Name: _____

Address: _____

_____ Postal Code/ZIP

Phone: Home _____ Cell _____

Email Address: _____

Would you like to receive our newsletters for health information, tips and health news?
Please circle which newsletters you would like to receive.

Horses

Dogs-Cats

People

Billing Information (OMIT if fees have been paid on line)

Visa/MC #: _____

Expiry: _____ 3 Digit Security #: _____

Signature: _____

(Note: Signature permits us to charge the above credit card for the consultation fee and any other charges as authorized by the customer.)

Health Information

Name of Cat: _____ Male/Female _____

Breed: _____ Age _____

1) How long have you owned your cat? _____

2) Where does your cat spend the most time, indoors and outdoors?

3) List current health problems:

4) What health problems occurred in the past - including accidents and surgeries?

5) What type of food is your cat currently eating?
Attach an ingredient list.

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- 6) Please list all medications and/or supplements:
Attach an ingredient list for combination supplements.

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- 7) Please list the vaccination history if known:

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- 8) What other holistic therapies has your cat been treated with?

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- 9) What other information is relevant to your cat's health including behaviour or emotions.

Email two pictures of your cat: one full body and one portrait.

Signature

Date

Riva's Remedies

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