## Riva's Remedies Equine Food Allergy Intake Form

<b>Contact Information</b>	
Name:	
Address:	
City	Province/State
Postal Code/Zip	Telephone Number
Email Address:	
<b>illing Information</b> (OMIT if	fees have been paid online)
(	
xpiry Date:	3 Digit Security #
ignature:	
`	nits us to charge the above credit card for the consultation fee and y other charges as authorized by the customer.)
Health Information	
Name of Horse	
	Gelding/Mare Pregnant: Yes or No

What are the primary and current health concerns?
What type of hay, grain and/or feed is your horse currently eating?
If your horse is on any commercial feeds please attach an ingredient list.
**Note: a Guaranteed Analysis is NOT an ingredient list - I need the exact
ingredients, E.g. alfalfa, oils, oats, corn, wheat, beet pulp, soybeans, etc?
Please list all medications and/or supplements:
Attach an ingredient list for all combination supplements.
List any known allergies or sensitivities:
Elot unly known unergies of sensitivities.

## Disclaimer

This health consultation is intended to provide health information and Marijke van de Water, Marijke's Intuitive Healing Services Ltd., and Riva's Remedies Ltd. reminds clients that this information is not 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.

Marijke van de water, Marijke's Intuitive Healing Services Ltd. 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:			
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Date:			

## Riva's Remedies Ltd.

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