

Riva's Remedies

Food Allergy Testing - Pets

Contact Information

Name: _____

Address: _____

City _____ Province/State _____

Postal Code/ Zip _____ Telephone Number _____

Email Address: _____

Billing Information (OMIT if fees have been paid online)

Visa/MC #: _____

Expiry Date: _____ 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 Pet _____

Breed _____

Age _____ Weight _____ Male/Female _____ Pregnant: Yes or No

What are the primary and current health concerns?

What foods is your pet currently eating? _____

Which supplements or medications is your pet taking? _____

Does your pet have any known allergies?

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: _____

Date: _____

Riva's Remedies Ltd.

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