Riva's Remedies Ltd.

Health Consultation Intake Form for Dogs

Contact Information Date: 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 # (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 Dog or Cat: _____ Age Weight _____ Male/Female _____ Pregnant: Yes or No How long have you owned your pet? _____ How much exercise does your pet get?

List all current health problems:
What health problems occurred in the past including accident or surgeries?
What kind of diet or food is your dog currently eating? List all of the ingredients of include a picture of the label. Please don't provide the website links.
List any medications:
List all supplements and include an ingredient list or a picture of the label. Please don' provide the website links.

List vaccine history with dates:		
Has your dog ever been dewormed? If so, when, and w	what kind of dewormers were used?	
Include any other information that is relevant to your emotions, fears, and lifestyle.	dog's health including behaviour,	
Include two pictures of your dog. One portrait-face pi	icture and one full body picture.	
Disclaimer		
This consultation is intended to provide health information. Intuitive Healing Services Ltd. and Riva's Remedies remir intended for clients to diagnose or treat specific health pershould not be considered as a substitute for qualified med model, we are supporting wellness of the whole body.	nds clients that this information is not problems or diseases. The information	
We also provide information on products, but it is the clie products used are appropriate and that there are no contra		
Marijke van de water and Riva's Remedies Ltd. and their of be liable or responsible for any loss, damage or health prof the use or attempted use of any of the information or pro- services of a qualified health care professional.	blems caused directly or indirectly by	
Signature	 Date	

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