



**Janine Stokes**  
**Holistic Healthcare**

Certified BodyTalk, PaRama BodyTalk, Reiki Master, HelioSol, Tuning Forks Practitioner

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Date        /        /

## ANIMAL INTAKE FORM

### ANIMAL

Name \_\_\_\_\_ Male / Female      Species \_\_\_\_\_

Time together from    /    /      Age \_\_\_\_yrs \_\_\_\_mths \_\_\_\_wks      Breed \_\_\_\_\_

Date of Birth        /        /      Age \_\_\_\_yrs \_\_\_\_mths      \_\_\_\_\_kg      Juvenile / Adult / Senior

Spayed / Neutered ..... From breeder/pet shop/welfare/other? \_\_\_\_\_ Indoor / Outdoor / Both

How did you hear about Janine?: \_\_\_\_\_ 1st BodyTalk appt? Y / N

### HUMAN/CAREGIVER/GUARDIAN/OWNER

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone/s \_\_\_\_\_

Email \_\_\_\_\_

### VETERINARIAN CARE

Vet Name \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Current Medication/s and/or Topical Treatments	Comment/s ?
1. _____	_____
2. _____	_____
3. _____	_____

### Vaccinations (circle relevant ones & if only vaccinated the once please indicate date if you can remember)

**Dogs** Parvovirus / Distemper / Hepatitis / Parainfluenza / Leptospirosis / Kennel Cough

**Cats** Feline Viral Rhinotracheitis ("Cat Flu") / Feline Calicivirus ("Cat Flu") / Feline Panleucopaenia / Feline Leukaemia (FeLV) / Feline Chlamydiosis / Feline Immunodeficiency virus (FIV)

**Horses** Tetanus / Herpes / Strangles / Salmonella / Rotovirus

Other Animal: \_\_\_\_\_ Name of vaccinations: \_\_\_\_\_

### Other

☐ Were vaccinations given as per veterinary recommendation e.g. within first few weeks of birth, boosters, annuals etc?

☐ Do you use an alternative vaccinations to the veterinary prescribed ones e.g. homeopathic nosodes?

Name/s of last vaccination/s (if vaccinated more than once)	Date (or approx.)
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### Health History incl date: surgery, prescriptions etc


**Water intake** e.g. very little lately; regularly throughout day; only with meals and/or drinks heaps – always has etc

**Current Supplement/s**

**Other health support** e.g. prescriptions, natural remedies, etc

**Diet**

**Exercise and regularity** (circle any that apply) or note your own words.

walking / running / playing / training / riding / hunting / agility / eventing / other  
daily / weekly / fortnightly / monthly

**Environmental conditions** e.g. sleeps in kennel or house, is provided with bedding material, mattress, toileting area etc

Presenting Issues / Concerns (Physical, emotional, behavioural etc)	Intensity 1-10 (best-worst)	Date/s

**Were there any unique circumstances or transitions occurring in your animal’s life when problems first presented?**  
Yes / No. If yes please explain?

**Have you tried to resolve these issues through other means? If so, please explain**

**What is the typical behaviour/demeanour of your animal?**

Any places on his/her body your animal guards/has sensitivity/does not like being touched?

How would you characterise your animal's

1. Energy Level/s

2. Appetite

Hates?

Loves?

3. Condition and regularity of bowel movements

4. Anxiety/Stress levels

5. Quality/condition of skin/coat

How is your animal with unfamiliar people?

How is your animal with other animals?

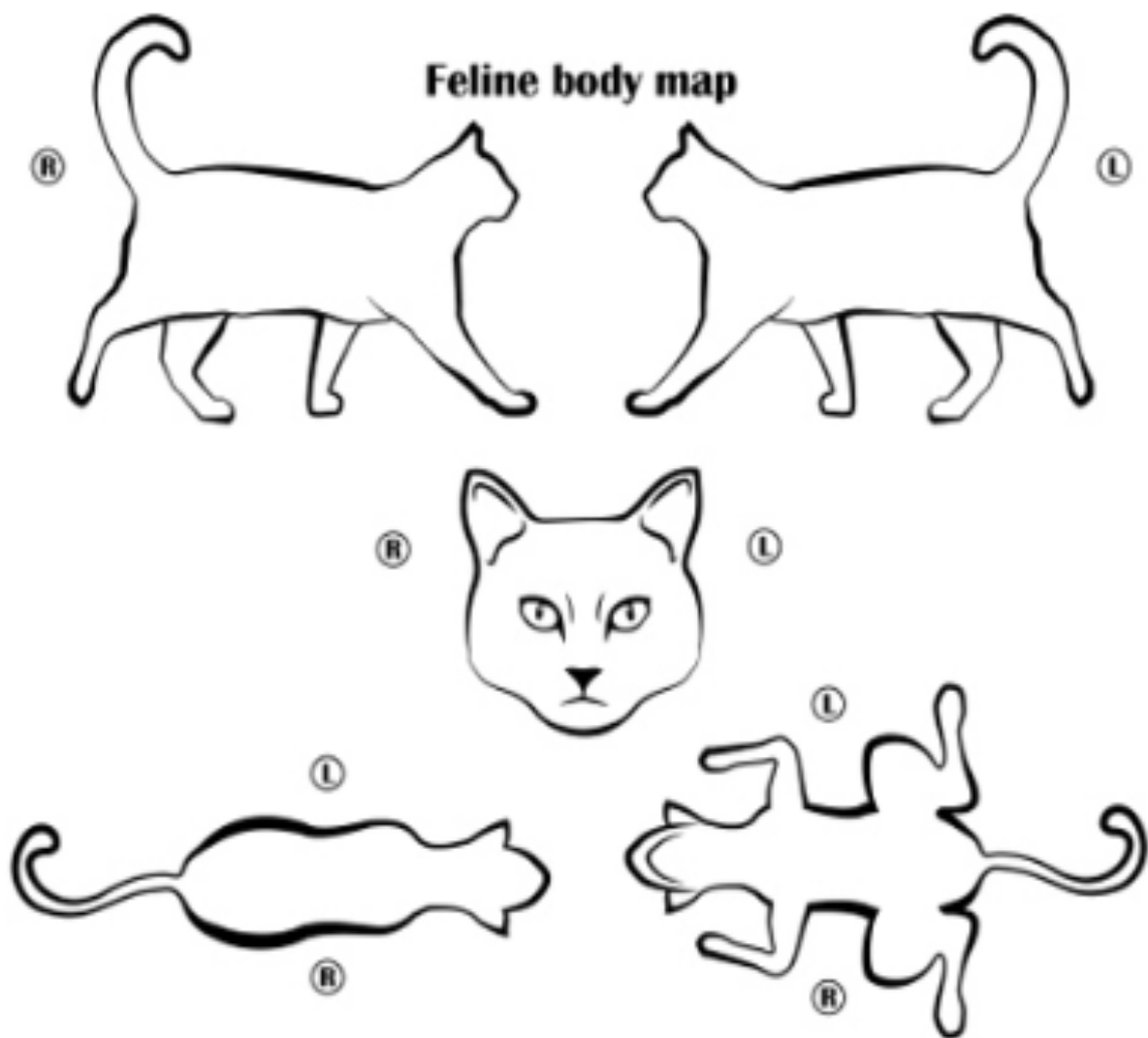
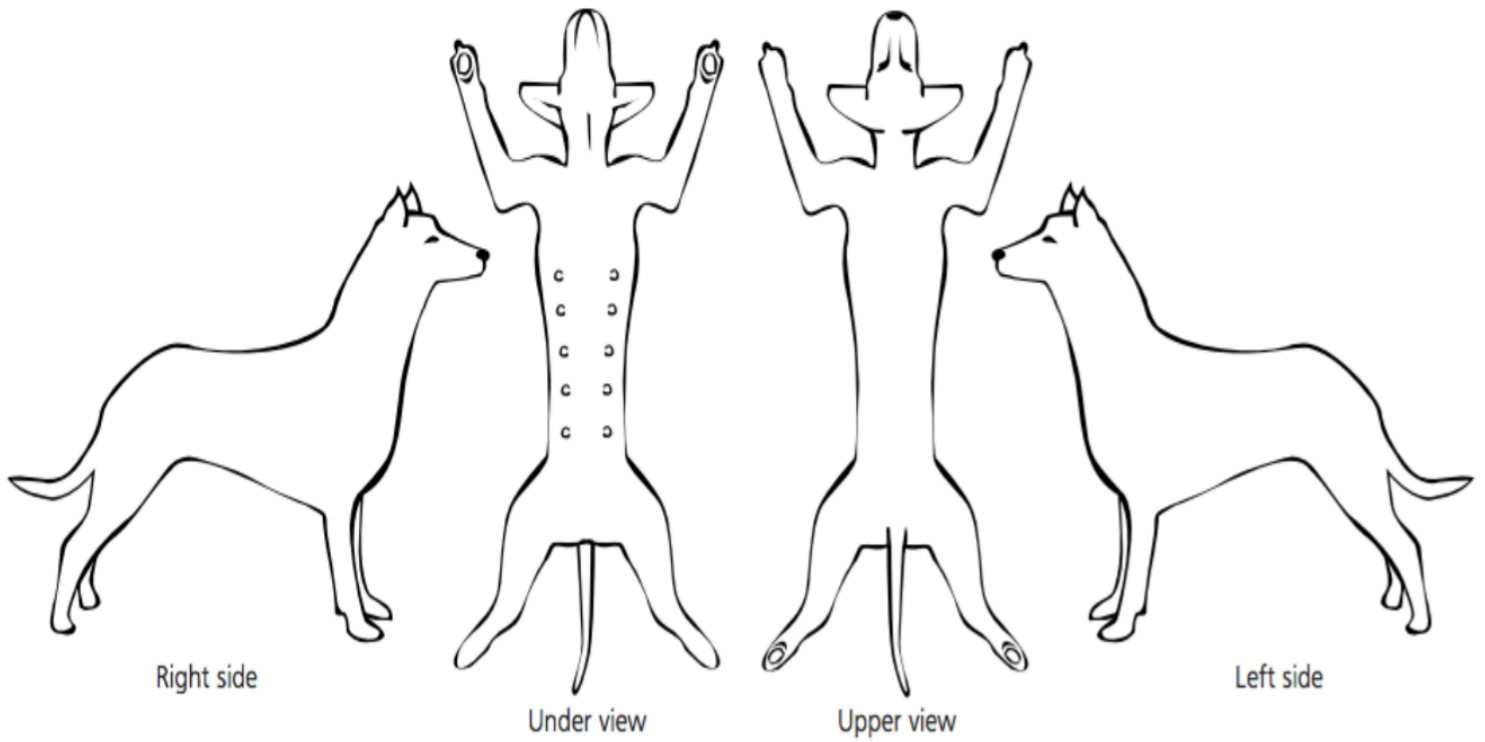
Anything else you would like me to know?

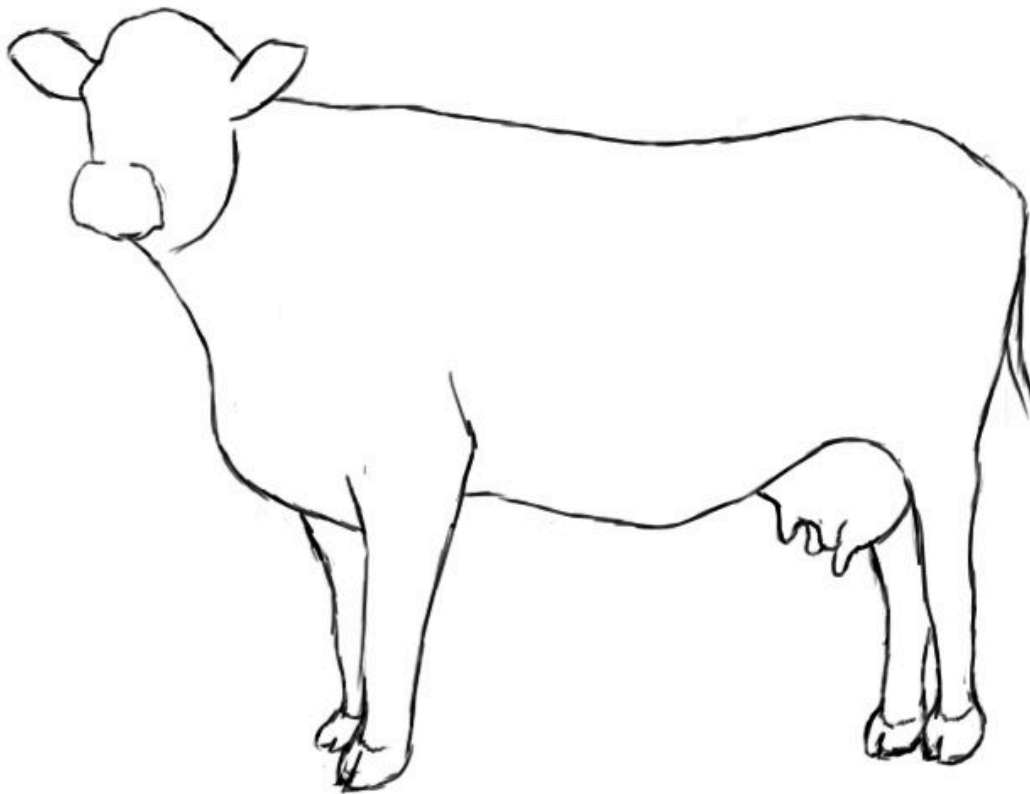
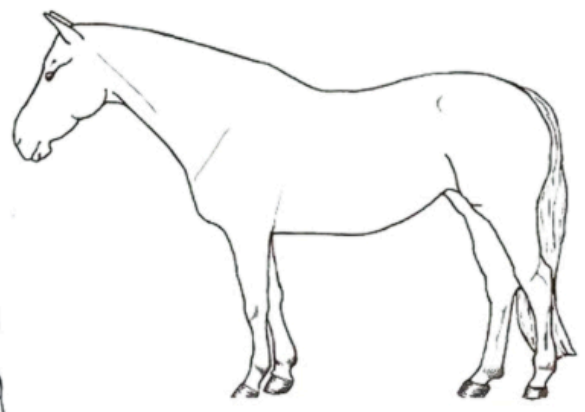
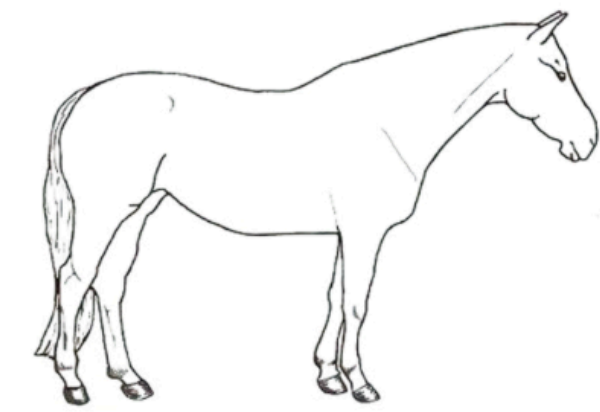
Animal's human family/group i.e. names of friends, trainers, sitters etc (i.e. people your animal frequently socializes with)

Other animals in your family

Name	Species/breed	How long in family?

*You are welcome to put marks on the relevant animal drawing to indicate where areas of concern are.*







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## CONSENT FORM:

- I ..... understand that any energy systems integrated into these sessions (including HelioSol, BodyTalk, Reiki, Tuning Forks, First Light Flower Essences, etc) are intended to enhance relaxation, increase communication within the areas of the body, and educate me to possible energetic or emotional blocks that may be creating pain, discomfort or dis-ease for my animal.
- These treatments are non-invasive, safe and objective, and the practitioner will not diagnose, treat, fix any issues, or prescribe medications. Instead, the session will utilise the animal's own innate intelligence to re-establish communication so its Body Mind can work for optimum wellbeing.
- I understand that these sessions work in conjunction with any advice, medication or procedure that has been provided by veterinary professionals, or any other practitioners, and is not a substitute for their recommendations and care.
- If I have any questions or concerns, I will address these promptly with the practitioner.
- While in the clinic area, I take full responsibility for my own safety, and all those in my care eg animals, children.
- I agree to pay the advertised fee at the time of service, or before the session starts if it is a distance session.
- I also agree to please give 12 hours notice should my appointment need to be postponed or cancelled, and that if I do not notify within sufficient time - I will still be charged a session fee due to inconvenience to the practitioner, and potential loss of client booking.

Signed: ..... Date: .....

Print Name: .....