

Raine Animal Therapies

Client Intake Form

Date:

Name: _____

Address: _____

Email: _____ Phone Number: _____

Address where animal(s) live: _____

Farm/ Barn name: _____ Vet: _____

Animal(s) name(s) w/ age: _____

Main use and/or activity level: _____

Main concerns/ issues/ goals: _____

Previous health conditions that might effect the session: _____

Have they received any body or energy work before? Yes No

Questions/ comments: _____

Days that work best for appointments:

Mon Tues Wed Thur Fri

am pm