

Grace Labyrinth, LLC
Animal Reiki Client Intake Form

Animal Name _____

Type of Animal _____

Age of Animal _____

Animal Gender: Male___ Female___

First Name of Animal's Owner/Guardian _____

Last Name of Animal's Owner/Guardian _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Animal's Date of Birth _____

How did you hear about Grace Labyrinth Wellness Center?

___Family/friend/colleague ___Web search ___Healthcare Professional Other_____

If referred, by whom? _____

Is your animal currently under the care of a veterinary physician and/or medical professional(s) for any medical conditions? Yes___ No___

If yes, name(s) and phone number(s) of veterinary physician and/or medical professional(s)

If yes, please describe your animal's medical condition(s) and any relevant medication(s).

Has your animal ever had a Reiki session before? Yes___ No___

If yes, for what purpose? (illness, separation anxiety, etc.) _____

Do you prefer hands-on Reiki or hands-off Reiki for your animal's session?

___Hands-on Reiki ___Hands-off Reiki

If you prefer hands-on Reiki, please list any areas of the animal's body you wish to be avoided.

Please sign below to certify that the information you provided above is true and accurate, and that you have honestly detailed all your animal's known medical information.

Client Signature

Date