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| **InJoy BodyTalk**Tone-Lise Stenslie,Adv BodyTalk Practitioner**injoybodytalk@gmail.com** | **Animal BodyTalk****Intake Form** | Evergreen Natural Health Center1033 Basin Ave, Suite ABismarck, ND 58504(701) 989-0268 |
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| **OWNER INFORMATION** |
| Owner Name:  | Date: |
| Address:  | City:  | State:  | Zip:  |
| Phone, including area code: Daytime: | Evening: |
| E-mail Address:  |
| Reasons for seeking BodyTalk for your animal:  |
| **ANIMAL INFORMATION** |
| Name: |  [ ] Male [ ] Female | Age: |
| Species: | Breed: |
| Spayed/Neutered? [ ] Yes [ ] No |  [ ] Indoor [ ] Outdoor [ ] Both |
| Length of time animal has been with you: |
|  |
| List below any other animals you have: |
| NAME | TYPE/BREED | HOW LONG IN FAMILY? |
|  |  |  |
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| List below your animal's presenting issues or concerns: |
| Were there any unique circumstances or transitions occurring in you animal's life when the problems first presented?If so, please explain: |
| Have you tried to resolve these issues through other means? If so, please explain: |
| Any body areas your animal guards, has sensitivity, or doesn't like to be touched? |
| Are you interested in receiving a monthly newsletter by email? [ ] Yes [ ] NoIf different from above, please enter email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please write anything else you would like me to know about your animal: |

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| **InJoy BodyTalk**Tone-Lise Stenslie,Adv BodyTalk Practitioner**injoybodytalk@gmail.com** | **Client Consent** | Evergreen Natural Health Center1033 Basin Ave, Suite ABismarck, ND 58504(701) 989-0268 |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name), hereby authorize the practitioner,

Tone-Lise Stenslie to provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print animal’s name) with sessions.

I understand that BodyTalk is not a substitute for veterinary care.

I understand that the safety and care of my animal is ultimately my responsibility and I hold harmless the BodyTalk Practitioner.

I understand that payment is due at time of service.

I understand that my appointment time has been reserved for me and that if I need to cancel, 24-hour notice is expected.

*(If returning this form by e-mail, you may type your name if this document is returned through a personally identifiable e-mail account.)*

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SIGNATURE DATE