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| **InJoy BodyTalk**  Tone-Lise Stenslie,  Adv BodyTalk Practitioner  **injoybodytalk@gmail.com** | **Animal BodyTalk**  **Intake Form** | | | | | | | | Evergreen Natural Health Center  1033 Basin Ave, Suite A  Bismarck, ND 58504  [(701) 989-0268](tel:(701)%20989-0268) | | | |
|  | | | | | | | | | | | |
| **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 [ ] No  If 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 Center  1033 Basin Ave, Suite A  Bismarck, ND 58504  [(701) 989-0268](tel:(701)%20989-0268) |

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