

InJoy BodyTalk

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Animal BodyTalk Intake Form

701-258-9418

Dakota Natural Health Center
 705 East Main Avenue
 Bismarck, ND 58501

OWNER INFORMATION

Owner Name:		Date:	
Address:	City:	State:	Zip:
Phone, including area code: Daytime:		Evening:	
E-mail Address:			
How did you hear about me?			
Reasons for seeking BodyTalk for your animal:			

ANIMAL INFORMATION

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Species:	Breed:	
Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
Length of time animal has been with you:		
Current veterinarian:	Date of last visit:	
Vaccines your animal is given:		
Frequency of vaccines (yearly?)	Date of last vaccination:	
Type or brand of food?		
Current medications/supplements, including flea/tick/heartworm or other parasite medications, and reason for taking:		
How is your animal exercised and how often?		
With whom does your animal socialize frequently (family members, friends, trainers, sitters, etc.)?		

List below any other animals you have:

NAME	TYPE/BREED	HOW LONG IN FAMILY?

List below your animal's presenting issues or concerns (physical, emotional, behavioral, etc.). Describe Intensity on a scale of 0-10, with 0 = best possible and 10 = worst possible:

ISSUE/CONCERN:	INTENSITY	HOW LONG HAS THIS ISSUE PRESENTED?
1.		
2.		
3.		
4.		
5.		

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:

Describe your animal's health history:

How would you characterize your animal's demeanor in the follow areas?

1. Energy:

2. Appetite:

3. Condition and regularity of bowel movements:

4. Anxiety/stress level:

5. Quality/condition of skin/coat:

Describe your animal's typical demeanor:

How does your animal react to unfamiliar people?

How is your animal with other animals?

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

Includes wholistic health tips, special offers, and more

If Yes, please provide the email address you'd like me to use:

Please write anything else you would like me to know about your animal:

I, _____ (print name), understand that the BodyTalk session provided by Tone-Lise Stenslie, Certified BodyTalk Practitioner, for my animal, _____ (please print animal's name), is intended to restore balance, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may be creating pain, discomfort or disease for my animal.

BodyTalk is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to re-establish communication within itself.

I understand that BodyTalk is not a substitute for veterinary care or medications. I am aware that the BodyTalk Practitioner does not medically diagnose illness or disease, nor does the Practitioner prescribe medication. I understand the BodyTalk Practitioner strongly recommends immediate veterinarian attention for any physically based conditions with my animal.

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.

Time has been especially reserved for me, and I understand that a 24-hour cancellation is expected. If I have any questions or concerns, I will address these promptly with my BodyTalk Practitioner. I hereby authorize Tone-Lise Stenslie to provide my animal with BodyTalk sessions.

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

SIGNATURE

DATE