



Energy Girl, LLC
Animal Client Intake

Animal Name:

Phone Number : (Cell)

Email:

Preferred method(s) of communication (Circle): Call Text Email

Address:

Human Companion Name:

(Home)

Age of animal:

What is your pet's level of comfort around strangers?

List any allergies your pet has and reaction (Food, medication, chemical, etc.)?

Pet's current medications/supplements:

What are your particular areas of concern for your animal companion?

Does your pet have any pain or limits in mobility? If so, is this new?

Have there been any changes in diet/voiding habits or daily routine?

Has your pet ever had a Reiki/energy healing session?

If yes, when and how was it received?

Is your pet sensitive to touch?

For distant clients only:

Do you have a reliable internet connection and access to Skype/Zoom?

What time zone are you located?