Animal Reiki Client Information Form

Caretaker's Name: (Please Print)			
Home phone:	Cell phone:		
Address:			
City, State, Zip:			
Email (optional):			
Emergency Contact:			
Animal's Name:	Type of Animal:		
How did you hear about us?			
Have you ever had a Reiki session before	?	Yes	No
If yes, when was your last session?			
Number of previous sessions			
Has your animal ever had Animal Reiki b	efore?	Yes	No
If yes, when was its last session?			
Number of previous sessions:			
Do you have a particular area of concern	?		
Is your animal sensitive to perfumes or fra	agrances?	Yes	No
Is your animal sensitive to pendines of ha	-		110
I understand Reiki is a simple, gentle, hands- and relaxation. I understand that Reiki practiti or perform medical treatment, prescribe sub licensed medical professional. I understand R It is recommended that I bring my animal to s	ioners do not ostances, or in Reiki does not	diagnose conditi nterfere with the take the place o	ons, prescribe treatment of a f medical care

fessional for any physical or psychological ailments my animal may have. I understand Reiki can complement any medical or psychological care my animal receives. I also understand that the body can heal itself, and for this, complete relaxation is often beneficial. I acknowledge that long-term imbalances in my animal's body sometimes require multiple sessions to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____ Date: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without the written consent of the caregiver.