



# Brooke Baggett, L.Ac., MTCM, CBP, PaRama, RMT

Acupuncture and Herbal Medicine, BodyTalk, PaRama, and Reiki

745 Distel Drive #206 Los Altos CA 94022 ph: 408.202.3444 www.mosaichealingarts.com

## ANIMAL INTAKE FORM

<b>OWNER INFORMATION</b>	Date:
Name	Phone:
Address	
Email:	
How did you hear about us?	

<b>ANIMAL'S INFORMATION</b>			
Name	Species	Breed	
Sex	Age	Spayed/Neutered?	Indoor/Outdoor/Both?
Length of time animal has been with you?			

<b>VETERINARIAN CARE</b>
Who is your current veterinarian?
Date of last vet visit?

<b>VACCINATION PROGRAM</b>	
Which vaccines is your animal given?	
Frequency (yearly?)	Date of last vaccination

Type/Brand of food?
Current Medications/Supplements (Including flea/tick/heartworm, other parasite medications)
Exercise Program (How is your animal exercised and how often?)



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## ANIMAL'S FAMILY/GROUP MAKE UP

Please list people in your family

Other people your animal frequently socializes with ... (friends, trainers, sitters, etc)

## OTHER ANIMALS IN YOUR FAMILY

Name	Type/Breed of Animal	How long in family?

## HEALTH HISTORY

### Presenting Issues/Concerns (Physical, Emotional, Behavioral, etc)

**Intensity**  
(On scale of 1 to 10, 1 as best possible/10 as worst possible)

1.	
2.	
3.	
4.	
5.	

How long has/have these issues presented?



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Were there any unique circumstances or transitions occurring in your animal's life when problems first presented?

If so, please explain:

Have you tried to resolve these issues through other means? If so, please explain:

How would you characterize your animal's ...

1. Energy level

2. Appetite

3. Condition and regularity of bowl movements

4. Anxiety/Stress level

5. Quality/Condition of skin/coat

What is the typical demeanor of your animal?

How is your animal with unfamiliar people?

Any places on body your animal guards/has sensitivity/does not like to be touched?

Anything else you would like us to know?



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## ANIMALTALK™ CONSENT FORM

I \_\_\_\_\_ (print name), understand that the BodyTalk™ session provided by this Certified BodyTalk™ Practitioner for my animal \_\_\_\_\_ (please print animal's name) is intended to enhance relaxation, 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 reestablish communication within itself.

### Please read and initial the following:

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

I understand that participation in a BodyTalk™ session for any animal is voluntary, and that at all times, I may choose to end our participation. I understand that the safety and care of my animal is ultimately my responsibility.

I agree to pay a \$125.00 fee per session. Payment is due at time of service. Since time has been especially reserved for me, I understand that a 24-hour cancellation is required to avoid charges for my scheduled session.

If I have any questions or concerns, I will address these promptly with the BodyTalk™ Practitioner.

I hereby authorize the Certified BodyTalk™ Practitioner to provide my animal with BodyTalk™ sessions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone