

**FEEL THEM SPEAK LLC
CLIENT INFORMATION FORM**

Date:

Guardian Name:

Animal Name:

Animal Species:

Address:

Email:

Phone Number:

Name of Vet:

Address of Vet:

Animal's Health History:

- Briefly note any injury, accident, surgery, serious or chronic illness, trauma, disabilities, or any other health issues or problems that the animal has experienced.
- Outline any treatments/medications the animal is receiving.
- Please note anything else you think may be relevant here e.g. certain areas that are sensitive to touch, any anxiety triggers, and advice from the animal's veterinarian etc.

Animal's Daily Routine:

- Outline the animal's daily eating, sleeping and activity patterns, noting any specific diets or socialisation with other animals/people, or workplace/tasks if they are a working animal.
- When/where would you say the animal is most relaxed and comfortable?

Motivation for this Animal Reiki session today: