



# Loli Jane Animal Communication & Healing®

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## Client Intake Form

Animal Communicator's Name: Loli Jane

Date:

**Type of Consultation:**  Behavioral  Physical  Lost Animal  Death & Dying, Passed-On  
 Past Life Session  Energy Healing  Chakra Balancing  Channeling

### **Client Information:**

Name:

Billing Address:

Address animal is lost from (if lost animal case):

Phone Number:

Time Zone:

E-Mail Address:

Referred By:

### **Animal Information:**

Name: Age:  Male  Female Breed:

Coloring / Special Markings:

Color Eyes: Indoor / Outdoor: Collar (if lost):

Number of Years People Had Animal:

Where Did Family Get Animal:

Is Animal Friendly? (for lost animals):

**Nature of problem and/or client's questions:** (please stick to one particular issue. If it's a Behavioral issue please list exact behaviors, that make you think your animal has a particular issue)

**Questions** (questions about one particular issue)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)

**What is the most important thing you want to know?**

- Client permission to discuss personal information with the animal**
- Discussed what Animal Communication is and how it works**
- Discussed what they can expect from the session**