



Pet Client Intake Form

Personal Information

Pet Name: _____ Pet Birthday: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

OK to share pet photo(s) prior to session? Yes No

OK, to email promos or newsletters? Yes No

Medical Information

Is pet taking any medications? Yes No If yes, please advise: _____

Is pet pregnant? Yes No If yes, how far along: _____

Are there any concerns? _____

Does pet suffer from chronic pain? Yes No If yes, please advise: _____

Is there anything that makes the pain subside or feel worse? _____

Has pet had any injuries? Yes No If yes, please advise: _____

Has your pet experienced any of the following:

Cancer	Stroke	Joint replacement
Kidney dysfunction	Arthritis	Heart attack
Sprains/strains/breaks	Depression/Anxiety	Respiratory
Relocation/Rehoming	Death/Loss of pet or family member	Shelter/Rescue/Adoption
Life changes (new baby)	Diet/Exercise changes	Changes in medication

Other: _____

Healing Information

Is your pet currently undergoing veterinary care: _____

Has your pet ever had energy healing or Reiki performed before? Yes No

If yes, how long ago, and what was the outcome? _____

Has your pet ever had any other holistic or natural healing performed before? Yes No

If yes, what was it, how long ago, and what was the outcome? _____

What are your goals for this healing session? Tick all that apply:

Physical relief Yes No If yes, please explain: _____

Emotional relief Yes No If yes, please explain: _____

Other relief Yes No If yes, please explain: _____

Confidentiality Statement:

Your privacy and the confidentiality of your information are paramount to me. I am fully committed to safeguarding any personal information you share throughout our professional relationship. Here is how we manage your information:

Confidentiality Commitment: Any information, whether written or spoken, shared during our interactions, will be held in strict confidence. I will not disclose your information to any third party without your explicit consent, except in situations where I am legally obligated to do so.

Limits to Confidentiality: While I prioritize maintaining confidentiality, it's important to recognize that there are legal and ethical boundaries. These situations may involve imminent harm to yourself or others, suspicion of child or elder abuse, or court-ordered disclosure.

Information Protection: I utilize appropriate security measures to protect your personal information. All electronic and physical records are securely stored and accessible only by me.

Record-Keeping: Any records maintained adhere to relevant laws and professional standards. Records are retained for a specified period and then securely disposed of.

Consent for Communication: By signing this form, you acknowledge and consent to the use of communication methods discussed and agreed upon during our sessions (e.g., phone, email, text messaging, video conferencing) for the purpose of our professional interactions.

Please don't hesitate to ask any questions or seek clarification about this confidentiality statement. Your understanding and agreement to these terms are crucial to our collaborative work.

Client's acknowledgments and waiver:

By affixing my signature below, I, the client (pet's owner), confirm that I have diligently and honestly completed this form and will promptly inform you of any changes. I acknowledge that energy healing is a natural, non-invasive approach aimed at enhancing my pet's overall health and well-being, and it should not be viewed as a substitute for urgent or essential veterinary care. I also recognize that Priscilla Daphney is not a licensed veterinary professional.

I understand that a Reiki session cannot replace the expertise of a licensed veterinarian. I acknowledge that Reiki Practitioners do not provide diagnoses, prescriptions, medical treatments, or interfere with veterinary care. I hereby agree that any pet health conditions or ailments will be managed by a qualified veterinary professional.

Human's signature: _____ Date: _____

Healer acknowledgments:

By affixing my signature below, I, the Reiki Practitioner, commit to conducting the healing session with a genuine and loving intention, aimed at serving the highest and best interests of my client (pet). I have also provided my client's human (pet parent/guardian/caretaker) with guidance regarding what they can anticipate before, during, and after the session.

Healer's signature: _____ Date: _____

Disclosure:

- I am not licensed by the state of California as a healing arts practitioner, as supported by the California Health Freedom bill SB-577 <https://californiahealthfreedom.com/about-us/our-bill/>.
- I am not a licensed physician. I do not diagnose medical conditions, prescribe medications, or provide medical treatment.
- I do not make any claims of curing, treating, or preventing medical conditions. Reiki is not a replacement for conventional medical care, and individuals should consult their healthcare provider for any medical concerns.
- Reiki is a complementary alternative to the healing arts services that are licensed by the state of California and is not a substitute for medical treatment or diagnosis.
- SB-577 Legal Information: http://www.leginfo.ca.gov/pub/01-02/bill/sen/sb_0551-0600/sb_577_bill_20020923_chaptered.html