

Pets:

Name:	Age:	Breed/Type:	Sex:	Aggressive:
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any hazards in the home/building(s)?

If yes, please describe:

Please describe activity you are experiencing:

Have you experienced any of the following?

I've heard:	Explain:
<ul style="list-style-type: none"><input type="checkbox"/> Whispers or voices<input type="checkbox"/> Knocking<input type="checkbox"/> Music<input type="checkbox"/> Footsteps<input type="checkbox"/> Laughing<input type="checkbox"/> Crying<input type="checkbox"/> Other	

I've Felt:	Explain:
<ul style="list-style-type: none"><input type="checkbox"/> Touches<input type="checkbox"/> Unexplained temperature changes<input type="checkbox"/> Drafts or breezes<input type="checkbox"/> Unexplained scratches or bruises	

I've noticed:	Explain:
<ul style="list-style-type: none"><input type="checkbox"/> Weird Smells<input type="checkbox"/> Objects moving<input type="checkbox"/> Lights turning on/off on their own<input type="checkbox"/> Cupboards, drawers, doors, and/or windows opening/closing on their own<input type="checkbox"/> Items going missing without explanation<input type="checkbox"/> Batteries dying quicker than normal<input type="checkbox"/> Vibration/movement of furniture, floors, walls, etc.<input type="checkbox"/> Other people behaving strangely while on in/on property<input type="checkbox"/> Appliances/electronics turning on/off on their own	

I've experienced:	Explain:
<ul style="list-style-type: none"><input type="checkbox"/> Nightmares<input type="checkbox"/> Ringing in ears<input type="checkbox"/> Unexplainable mood swings<input type="checkbox"/> Uncontrollable anger<input type="checkbox"/> Unexplained anxiety/panic attacks<input type="checkbox"/> Unexplained shortness of breath<input type="checkbox"/> Unexplained nausea/vomiting	

Is there anything else you would like us to know?