

KRCRYSTALESSENTIALS
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New Client Form / Animal Aromatherapy

Date	Clients Name
Cell Phone	Email
Home Phone	Address
How did you hear about us	City, State, Zip

My Pets Info

Name	Species / Breed
Birthdate or Age	Color
Male Female	Spayed Neutered
Weight	Known Medical Conditions

Reason for Consult

Onset or Cause of illness or Problem(s) if known

Progression of illness or problem

What have you tried so far?

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New Client Form – Animal Aromatherapy

Current medications, supplements with doses

Diet (name and amount)

Please check any of the following that apply to your pet

Activity Level	Low	Average	High	Excessive			
Challenging Environmental Conditions	None	Going Upstairs	Going Down Stairs	Dog Doors	Getting In or Out of Vehicles	Slick Surfaces	
Daily Exercise	Runs Free	Fenced Yard	Daycare or play time	Dog Parks or Cat Pen	Leashed Walk	Indoors Only	Throw Balls / objects
Has your pet had any of the following	Trauma	Surgery	Arthritis	Back or Disk problems	Damaged Ligaments Sprains	Bone Fractures	Open Wounds
Any of these issues currently?	Coughing	Sneezing	Vomiting	Diarrhea			
Urination or Defecation Habits	Normal	Increased Urination	Decreased Urination	Increased Defecation	Decreased Defecation		
Appetite & Drinking Habits	Normal	Increased Appetite	Decreased Appetite	Increased Water	Decreased Water		
Physical Signs of Age or Injury	Limping	Excessive Licking	Difficulty getting up or down	Vocalization Groaning or moaning	Change in posture or gait	Heavy panting	Loss of muscle tone

Please elaborate on any of the above or add any additional physical concerns

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Emotional Status or Concerns

Fear	Aggression	Shyness	Anger	Jealousy	Sadness	Anxious	Grief
Happy	Excited	Depressed	Guilty	Shameful	Embarrassed		

Please elaborate on any of the above emotional behaviors or concerns
