

Dog/Cat Intake Form

Date: _____

Name: _____

Address: _____

_____ Postal Code/ZIP

Phone: Home _____ Cell _____

Email Address: _____

Would you like to receive the Riva's Remedies newsletters for health information, tips health news for yourself and/or your pets? Please circle which newsletters you would like to receive:

Horses Dogs-Cats People

New Customers - Billing Information:

Visa/MC #: _____

Expiry: _____ 3 Digit Security #: _____

Signature: _____

Note: Signature permits Riva's Remedies Ltd. to charge the above credit card for the set consultation fee. Consultation fees are not processed until after the health report is completed and received by the client.

Name of Dog/Cat: _____ Male/Female _____

Breed: _____ Age _____

1) How long have you owned your pet? _____

2) List current health problems:

3) What health problems occurred in the past - including accidents and surgeries?

4) What type of feed is your Dog/Cat currently eating?
Attach an ingredient list.

5) Please list all medications and/or supplements:
Attach an ingredient list for all supplements.

6) Please list the vaccination history if known:

7) What other holistic therapies has your Dog/Cat been treated with?

8) What other information is relevant to your pet's health including behaviour and/or emotions:

Please email or mail two current pictures of your pet - a full body shot and a portrait shot without any other animals in the picture.

Work-ups are done on a first-come, first-serve basis although urgent cases will be given priority.

Upon completion and before invoicing you will receive a written report from Marijke van de Water, B.Sc., DHMS detailing the diet and nutrition program, supplement program and any recommended lifestyle changes as well as any "words of wisdom".



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www.rivasremediesfordogsandcats.com

www.marijke.com