

ANIMAL HAIR ANALYSIS INTAKE FORM

Date: _____

Lab # _____

Name of Animal: _____

Type of Animal and Breed: (Horse, Dog or Cat) _____

Age _____ Weight _____ Sex _____ Pregnant: Yes or No

Date of Hair Sampling _____ Color of Hair _____

Sample taken from what Location on Body? _____

What are the main health concerns? _____

Animal Owner's Name: _____

Address: _____

City _____ Province/State _____

Postal Code/ Zip _____ Telephone Number _____

Email Address: _____

Marijke's Intuitive Healing Services

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