

Brooke Baggett, L.Ac., MTCM, CBP, PaRama, RMT

745 Distel Drive Ste 206 Los Altos CA 94022-1523 ph: 408.202.3444 www.mosaichealingarts.com

OWNER INFORMATION	Date:
Name	Phone:
Address	
Email:	
How did you hear about us?	

ANIMAL'S INFORMATION			
Name	Species	Breed	
Sex	Age	Spayed/Neutered?	Indoor/Outdoor/Both?
Length of time animal has been with you?			

VETERINARIAN CARE
Who is your current veterinarian?
Date of last vet visit?

VACCINATION PROGRAM	
Which vaccines is your animal given?	
Frequency (yearly?)	Date of last vaccination

Type/Brand of food?

Current Medications/Supplements (Including flea/tick/heartworm, other parasite medications)
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Exercise Program (How is your animal exercised and how often?)

MOSAIC
HEALING ARTS

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ANIMAL'S FAMILY/GROUP MAKE UP

Please list people in your family

Other people your animal frequently socializes with ... (friends, trainers, sitters, etc)

OTHER ANIMALS IN YOUR FAMILY

Name	Type/Breed of Animal	How long in family?

HEALTH HISTORY

Presenting Issues/Concerns (Physical, Emotional, Behavioral, etc)	Intensity (On scale of 1 to 10, 1 as best possible/10 as worst possible)
1.	
2.	
3.	
4.	
5.	
How long has/have these issues presented?	

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Were there any unique circumstances or transitions occurring in your animal's life when problems first presented? If so, please explain:

Have you tried to resolve these issues through other means? If so, please explain:

How would you characterize your animal's ...

- | | |
|--|--|
| 1. Energy level | |
| 2. Appetite | |
| 3. Condition and regularity of bowel movements | |
| 4. Anxiety/Stress level | |
| 5. Quality/Condition of skin/coat | |

What is the typical demeanor of your animal?

How is your animal with unfamiliar people?

Any places on body your animal guards/has sensitivity/does not like to be touched?

Anything else you would like us to know?

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CLIENT CONSENT FORM

I _____ (print name), understand that the intuitive energy healing session provided by the practitioner for my animal _____ (print animal's name) is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may be creating pain, discomfort or disease for my animal.

I understand that an intuitive energy healing session is non-invasive, safe and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that an intuitive energy healing session is not a substitute for veterinary care or medications. I am aware that the practitioner does not diagnose illness or disease nor does the practitioner prescribe medications. I understand the practitioner strongly recommends immediate veterinarian attention for any physically based conditions.

I understand that participation in an intuitive energy healing session for any animal is voluntary, and that at all times, I may choose to end our participation. I understand that the safety and care of any animal is ultimately my responsibility.

Payment is due at time of service. Since time has been especially reserved for me, I understand the following 24-hour cancellation policy stated below:

24-hour cancellation policy:

Our clients are important to us, and we appreciate the opportunity to serve in your animal's healing process. If however you are unable to keep your appointment, we ask that you provide a minimum of 24-hours notice. As time and space is limited, providing a minimum of 24-hours notice enables us to serve potential clients and compensate for lost revenue. Without a minimum 24-hours notice, the full appointment fee will be charged to you for your missed appointment.

If I have any questions or concerns, I will address these promptly with the practitioner.

I hereby authorize the practitioner to provide intuitive healing sessions.

Signature

Date

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