



## ***ANIMAL REIKI FORM***

**NAME OF OWNER**

**ADDRESS**

**POST CODE**

**TELEPHONE**

**MOBILE**

**E-MAIL**

**FAX**

**VETERINARY PRACTICE**

**ADDRESS OF PRACTICE**

**POST CODE**

**TELEPHONE**

**FAX**

**SPECIFIC VET?**

**NAME OF DOG**

**D.O.B**

**BREED**

**COLOUR**

**KENNEL CLUB NAME -**

**SEX M/F**

**NEUTERED/SPAYED**

**YES/NO**

**WHAT AGE WHEN SPAYED/NEUTERED?**

**WHAT JOB DOES THE DOG HAVE?**

**WHAT AGE WAS THE DOG OBTAINED AT?**

**WHERE FROM (i.e. breeder, rescue)?**

**ARE THERE ANY OTHER ANIMALS IN THE HOUSE?**

**BRIEF MEDICAL HISTORY**

**DOES YOUR DOG HAVE ANY ALLERGIES?**

**IS YOUR DOG ON ANY MEDICATION?**



**CANINE REIKI FORM (CONTINUED)**

**WHAT IS THE DOG FED ON?**

**HOW MANY TIMES PER DAY?**

**WHAT TIT-BITS IS THE DOG FED?**

**DOES THE DOG GET ANY SUPPLEMENTS IN ITS FOOD?**

**HOW MUCH EXERCISE DOES THE DOG HAVE PER DAY?**

**IS THIS ON OR OFF THE LEAD?**

**HOW MANY INDIVIDUAL PLAY SESSIONS DOES YOUR DOG HAVE PER WEEK?**

**WHAT TYPE OF PLAY IS THIS? (I.e. throwing a ball, tug of war etc)**

**HAS YOUR DOG EXPERIENCED ANY OTHER HOLISTIC THERAPIES? (If yes, please give details)**

**DOES YOUR DOG HAVE ANY ISSUES WITH BEING APPROACHED BY STRANGERS?**

(If yes, please give details)

**WHAT WOULD YOU LIKE THE REIKI TO HELP WITH? Please give details**

**I UNDERSTAND THAT THE INFORMATION ON THIS FORM IS VERY IMPORTANT TO THE SUCESSFUL TREATMENT OF MY ANIMAL, AND I HEREBY SIGN TO CONFIRM THAT ALL THE INFORMATION I HAVE WRITTEN ON THIS FORM IS CORRECT. I ALSO UNDERSTAND THAT REIKI IS NOT A SUBSTITUTE FOR VETERINARY CARE. I HAVE CONTACTED MY VETERINARY SURGEON AND HE/SHE IS AWARE THAT I AM HAVING A REIKI TREATMENT ON MY ANIMAL**

**SIGNED**  
**(Owner/guardian of the dog)**

**DATE**



IS THERE ANY OTHER INFORMATION OR HISTORY YOU CAN  
GIVE ME ABOUT YOUR ANIMAL?