

Animal Flower Essence Health History Evaluation Intake Form

Date:

Caregivers Name:

Address:

Phone:

Email:

Animals Name:

Age:

Sex:

Neutered/Spayed:

Gelded/Stud:

Species:

Breed:

Reason for Seeking Flower Essence Consultation:

Current Health Status:

Current Issues (Date started/known cause/acute/chronic. Use scale 1-10 for rating each issue)

Past Health Issues:

Vaccination History and Reactions:

Known Allergies or Medical Condition/s:

Diet: (include foods, supplements, herbs, homeopathy, medications and any changes in feed, times fed and behavior surrounding feed time/location etc.)

Digestion/Appetite (increase/decrease):

Skin and Coat: (include quality, texture, loss of hair, dry or oily skin, hot spots, wounds etc.)

Respiratory: (include allergies, breathing issues, infections, exposure to pathogens etc.)

Cardiovascular:

Muscle/Ligament/Tendon: (include texture, injuries, recovery turnaround, spasms/acute/chronic)

Bone/Joints/Disc/Spinal: (include injuries, degeneration, arthritis acute/chronic)

Sleep issues: (include imbalances, snoring, disruptive, wake time etc.)

Senses: Sight/Eyes, Sound/Ears, Taste/Tongue, Smell/Nose, Feel/Emotional Barometer, Speak/Vocal and Non-Vocal Expressions

Emotional: (balanced/imbalanced, past traumas/abuse issues, personality type/changes in)

List any surgery or medical procedures, serious health issues/concerns or if the animal is pregnant. Also list any holistic therapies currently used and applied in the past i.e.: acupuncture, aromatherapy, massage therapy, chiropractic, Reiki etc.

Are you currently using essential oils or botanicals, and if so, please list which and for what?

Additional Notes:

By signing below, you acknowledge that you have read the disclaimer and give consent for your animal to receive flower essences.

Caregivers Consent Signature:

_____ Date: _____

Disclaimer Acknowledgment: The information shared during the consultation evaluation is for personal education awareness only, it is not meant to diagnose or treat any serious health problems/conditions. I will agree to keep the practitioner updated on any new health issues and do not hold the practitioner responsible or liable for any health conditions/concerns that were not disclosed. I will use Flower Essences in a safe manner, for topical and inhalation use only. I am aware that all flower essences and products should be kept out of reach of children and animals.