



ANIMAL New Client - Christine McGrew Blair - (804) 747-3993  
[www.herbchick.com](http://www.herbchick.com) | [feelinggood4life@yahoo.com](mailto:feelinggood4life@yahoo.com)

Your Name \_\_\_\_\_ Date of session \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Animal's Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ Birthdate \_\_\_\_\_

Please list concern(s) & reasons for session \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# of previous owners \_\_\_\_\_ How long has your animal lived with you? \_\_\_\_\_

Are there any other animals living in the household? \_\_\_\_\_

If any what type(s) & names \_\_\_\_\_

How old was the animal when he/she came to you? \_\_\_\_\_

Briefly describe your animal's behavior when he/she arrived in your family: \_\_\_\_\_

Briefly describe your pet's current behavior and personality: \_\_\_\_\_

Current and previous medications: \_\_\_\_\_

Worming product used \_\_\_\_\_



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Flea/Tick Control products used \_\_\_\_\_

Accidents/Injuries \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Supplements/Herbs/Vitamins \_\_\_\_\_  
Type(s) of  
Food: \_\_\_\_\_

Type(s) of Treats: \_\_\_\_\_

Types & amounts of exercise \_\_\_\_\_

What have you done previously to this point? \_\_\_\_\_

\_\_\_\_\_

Do you or anyone in your family practice energy healing? \_\_\_\_\_

What would you and your animal like to receive from your first session? \_\_\_\_\_

\_\_\_\_\_

Long range goals: \_\_\_\_\_

Anything you feel needs to be added? \_\_\_\_\_

\_\_\_\_\_