

*PET and OWNER INFORMATION*

Your Full Name: \_\_\_\_\_ Tele # \_\_\_\_\_ (cell/home/office)  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Okay to send promotions? YES(Y) NO(N)  
PET'S NAME: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Vet: \_\_\_\_\_  
Contact in case of Emergency, Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Who may Kristi thank, or how did you hear about Healing Resonance? \_\_\_\_\_

*PET DETAILS*

Reason for today's visit: \_\_\_\_\_

When did you first notice the symptoms? \_\_\_\_\_ Have you sought traditional medical care? Y N

CIRCLE and LABEL  
AREAS OF:

- P = Pain/Sensitivity
- N = Numbness
- I = Injury
- C = Constriction
- L = Lack of mobility
- O = Other



**DISCLAIMER:** Kristi Borst is not a licensed veterinarian, therapist or chiropractor. Healing Resonance LLC with Kristi Borst should never be used to solely diagnose, treat, cure or prevent any disease or psychological disorder and is not a substitute for licensed medical or psychological treatment. This energy work can compliment many forms of medical treatment or holistic care your dog may be receiving. Client testimonials conveyed verbally or on the web site do not constitute a warranty, guarantee or prediction of the outcome of an individual using Healing Resonance LLC with Kristi Borst. This is a team effort and your dog is a key player! Please note that Kristi may use written or verbal feedback from sessions in an anonymous way on her site/promotional materials.

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** While spontaneous healings do occur, long-term imbalances may require multiple sessions to bring your dog back to long-term balance. After the session, you may notice some recurrence or even "new" symptoms; but with repeated sessions, the body should "hold" its balance. You decide how many sessions you'll schedule with Kristi.

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL POLICY:** Your appointment time is reserved for you and your pet. In addition the healing energy work starts in advance of your appointment. Therefore, please be respectful and provide more than 24-hours' cancellation notice. Any bank fees associated with returned checks will be your responsibility. "I understand and agree to the Healing Resonance LLC Financial Policies set forth on this form."

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR PRIVACY:** Healing Resonance LLC holds all your information in complete confidentiality. Kristi will not disclose any of your personal information without your written permission, unless required by law. *Kristi Borst*