

Pet Initial Hair Analysis Form

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Pet name _____ Breed _____ Weight _____

Pet Type: _____ Canine _____ Feline _____ Equine Age _____ Pet/animal sex _____ Male _____ Female

Owner Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Best phone number to reach you _____ Email address _____

How would you like the program sent (please only choose one) **Please check one:**

I want to review my hair analysis results and healing program with you on the phone (about 1/2 hour)

Please email an audio (mp3) reviewing my hair analysis results and healing program (about 1/2 hour)

If you want your program mailed, please include an extra \$25.00 (limited to United States only).

What are the main health concerns or conditions? _____

Please list any medications or food supplements your pet is currently taking:

Please list any recent medical test results your pet has had, such as blood tests:

What type of food does your pet eat? _____

How many times a day do you feed your pet? _____

What type of water does your pet drink? _____

How often and what kind of exercise does your pet get? _____

Please list current symptoms:

I understand that mineral balancing is a means to reduce stress and balance chemistry. Heather Kneale has a doctorate in Naturopathy and works as an unlicensed practitioner. This program is not a replacement for medical care. Hair testing and consultation are not intended as diagnosis, treatment or prescription of any condition or disease. SIGNED _____ DATE _____

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