

Pet Retest 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) email _____ Regular mail _____

What parts of the program have you added for your pet? (supplements, changing food, exercise, etc..) _____

What changes have you noticed since your pet started the program? _____

Please list any changes in medications your pet is currently taking:

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

Please list any change in 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 _____

*Heather Kneale has a doctorate in Naturopathy and a non-medical PhD in Metaphysical Sciences. She works as an unlicensed practitioner.