

HAIRS TO YOUR HEALTH, LLC

Animal General Information/Initial & Re-Test Form

Date: _____

Pets Name: _____ Owner's Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Animal's Age: _____ Animal's Weight: _____ Sex: _____

Breed: _____ Fur Color: _____

1. Main Health Problems:

2. Recent Medical Tests/Surgeries:

3. Feed: Main Brand(s) of Feed:

4. Nutritional Supplements:

5. Medications:

6. How Often Do You Give Treats and List Treats:

7. If a re-test, describe changes you have noticed in your pet or condition over the past several months.

I understand that Nutritional Balancing is not intended as diagnosis, prescription, treatment or cure for any disease or health condition, mental or physical, real or imaginary. It is also not intended as a substitute for regular medical care and that I am encouraged to seek a second opinion from a veterinarian and that any nutritional balancing information offered is considered as general information only.

I understand that under no circumstances should any medication be discontinued without first consulting the prescribing veterinarian. I will refrain from combining this program with other dietary, nutritional or herbal regimens as it may impair this program's effectiveness. I also confirm by signing this document that my pet has not been diagnosed with any form of cancer or is in remission from any form of cancer.

I understand that the Nutritional Balancing information offered is also not intended as a substitute for regular medical care and that I am encouraged to see my veterinarian for diagnosis and treatment of any medical concerns related to my dog that I may have, and before implementing any diet, supplement, exercise or other lifestyle change. I also understand that Nutritional Balancing is to be used at my own risk.

I understand that if I enter the Nutritional Balancing Program, that I am strongly encouraged to perform a mineral hair analysis re-test in 4-6 months to determine if the suggested program needs to be modified. Due to the body's continual re-balancing of minerals, it is important to monitor mineral levels on a regular basis and therefore, in order for me to continue to solicit assistance from Hairs to Your Health, LLC, I agree to have a re-test performed within the suggested timeframe but am under no obligation to have the re-test performed if I no longer wish the assistance of Hairs To Your Health, LLC.

NAME: _____

ADDRESS: _____

SIGNED: _____

DATE: _____

HAIRS TO YOUR HEALTH, LLC

ANIMAL SYMPTOM FORM

Name _____ Date _____

Please CIRCLE any conditions or symptoms that you are presently experiencing and place a STAR next to those symptoms most important to you.

Allergies	Cough	Colic
Hives	Nasal Discharge	Ulcers
Skin Problems	Sugar Reactions	Tumors
Fungal Infections	Slow Wound Healing	Anger/Aggression
Muscle	Cataracts/Eye Problems	Anxiety/Fear
Pain/Soreness/Weakness	Hoof Issues	Confusion
Ligament Problems	Tooth Decay	Irritability
Fractures	Gum Disease	Moody
Fatigue	Slow Eating	Panic Attacks
Weight Gain	Poor Appetite	Hyperactivity/Easily Spooked
Weight Loss	Skin Growths	Hypoactive/Lethargy
Hair Thinning or Loss	Dull Hair Coat	Sleeps a lot
Urination Problems	Other Coat Problems	Constipation
Fever	Diarrhea	

Other Symptoms or Comments You Would Like to Add:
