

Marijke's Intuitive Healing Services

HAIR TISSUE MINERAL ANALYSIS

INTAKE FORM - HORSES

Contact Information

Date: _____

Name: _____

Address: _____

City _____ Province/State _____

Postal Code/Zip _____ Telephone Number _____

Email Address: _____

Billing Information (OMIT if fees have been paid online)

Visa/MC #: _____

Expiry Date: _____ 3 Digit Security # _____

Signature: _____

(Note: Signature permits us to charge the above credit card for the consultation fee and any other charges as authorized by the customer.)

Health Information

Name of Horse: _____

Breed: _____

Age _____ Weight _____ Gelding or Mare _____

Pregnant: Yes or No

Date of Hair Sampling _____

Colour of Hair _____

Which location on the body did you take the sample from? _____

What are the primary and current health concerns? _____

Past health conditions:

What kind of diet or feed program is your horse on?

Which supplements or medications is your horse taking?

Signature

Date

**Please email one full body picture of your horse and one portrait picture which shows the face.

Marijke's Intuitive Healing Services

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