

OPTIMAL ANIMAL WELLNESS QUESTIONNAIRE

Handler/Owner _____ Date _____

Email _____ Phone _____ Referred By _____

Animal's Name _____ Age _____ Weight _____

Breed of: Dog _____ Horse _____ Other _____

Water Source: City _____ Well _____ Filtered _____ Bucket Available _____ Lot Tank _____

Hay Type _____ Approximate Amount _____ How long do they eat? _____

Grain Type & Brand _____ Stalled _____ Pastured _____

Kennel _____ Loose _____ House Dog _____ Exercise _____ If so, Type _____ How long? _____

Pleasure Animal _____ Competition Animal _____ If so, what sport _____

Condition of: Teeth _____ Eyes _____ Hair _____ Hoof/Pads _____

Personality: Balanced _____ Hyper _____ Fatigued _____ Aggressive _____ Spacey _____

Balky _____ Timid _____ Dominant _____ Flighty _____ Secure _____

Touch: Enjoys _____ Flinches _____ Snaps _____ Area Specific? Is so, where _____

Handled daily by same person? _____

What medication has the animal used in the last year? _____

What injuries or surgeries has it had? _____

What natural supplements is it taking? _____

What insect control is used in barn? _____ In pasture? _____

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What are your current issues? _____

Are there allergies you are aware of? _____

Any additional comments or helpful information? _____

My use of the above information is to help educate you on things that will raise the energetic energy flow of your animal. We feed the body so the body can heal or detoxify itself as nature intended. Neither Back To Basics Equine Answers nor their associates do any of the following things, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure any condition.
3. We make no claims or imply any claims that suggestions are given to cure any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition or that its purpose is to treat any condition.
5. We do not prescribe or treat disease, but we do attempt to educate you in/on dietary recommendations and exercise if it is not contradictory to the recommendations of the veterinarian.

I, the undersigned client, understand the above statements. I, as the client, understand that diet and nutrition is considered an inexact science and the results obtained are not always constant or predictable. I also understand that there is no guarantee of any results and the opposite of the desired results may appear. Whether or not I participate in this program is my decision, based on my constitutional right of the Ninth Amendment. All decisions relative to my well-being and health must be made by me. I further understand that Back to Basics staff are not medical doctors or vets, and are not attempting to portray themselves nor conduct the activities of medical doctors.

If any representations have been made to me concerning this program or if I have any understanding about this program which representations and/or understandings are contrary to any of the above statements, I will indicate so at the bottom of this form.

Printed Name: _____

Address (include city, state, zip): _____

Signature: _____ **Date:** _____