ILLUMINATE

803 W. Broad St., Suite 740
Falls Church, VA 22046
703-533-3367

"We are all lit from within."

CLIENT INFORMATION

Name_____ Pet Name _____ Date_____

Address_____

City_____ State_____ Zip_____

Daytime Phone_____ Work Phone_____ Best Time to Call_____

Est. Date of Birth_____ Referred by_____

Reason for your visit_____

Please list any recent or past injuries or medical treatments_____

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How long have you had this pet? _____

When was your pet last seen by a veterinary doctor? _____

Are your pet's vaccinations up to date? _____

Please note any unusual habits, behaviors or preferences of your pet _____

_____

_____

(*ALL INFORMATION WILL BE KEPT CONFIDENTIAL)*

This request for information does not imply, in any way, the practice of medicine or diagnosis of a condition. We reserve the right to restrict service to, or decline acceptance of the client.

Please read the following and then sign and date below.

I acknowledge that I have read and understand all of the questions on this form and that this information is made available to all Illuminate personnel in order to provide me with the assistance that I have requested. The information is correct to the best of my knowledge and will be kept confidential and only released with my approval.

This is to certify that I am requesting services of my own initiative and I realize that ailments will not be diagnosed nor will treatments be prescribed. I release Lois Weik, Illuminate, Losef Technologies, Inc., and its staff from any liability for claims resulting from the use of its services.

I understand that massage or cranialsacral therapy is not a substitute for medical treatment.

Owner Signature: _____ Date: _____

Please use the space below for any additional information