



HEALING CENTER FOR ANIMALS

www.healingcenterforanimals.com - info@ healingcenterforanimals.com

Phone 203-227-4943 - Fax: 888-353-4817

Follow-Up Questionnaire

Please fill out the entire questionnaire and email or fax it back. Please remember to fax or email all diagnostics and test results from your veterinarian. One questionnaire per animal please. Ask about our discount for multiple animals.

Personal Information

Date: _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Office Phone _____

Cell Phone _____ Other Phone _____

Email Address _____

Animal's Information

Animal's Name _____

Feline Canine Horse Bird Other (please specify) _____

Breed of Animal _____ Sex: _____ Weight: _____ Age/DOB: _____

Spay/Neutered – Yes _____ No _____ Date of Procedure _____

Animal's Veterinarian Information

Veterinarian's Name _____

Veterinary Hospital _____

Veterinarians Phone _____

Veterinarians Fax _____



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Questions

1. Any new, disease or diagnosis from your veterinarian?

2. What specific tests were done by your veterinarian to obtain this condition/diagnosis? (Please list all and have all tests results faxed to us from your veterinarian)

3. What is your veterinarian recommending and what are their concerns with your animal's current condition?

4. What is your animal's current diet? (Include any table scraps, home cooked foods and treats along with proportions)



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5. What supplements or remedies is your animal receiving?- **please list all along with dosages.** (Vitamins, Minerals, Homeopathics, Herbs, Enzymes, Antioxidants, Phytonutrients etc.)

6. Is your animal currently taking any medications that have been dispensed by your veterinarian? If so, what is the specific names and dosages?

7. Is your animal currently receiving any type of therapy and was this recommended by your veterinarian? (Acupuncture, Medical. Surgical. Chemotherapy, Radiation, Cortisone, etc...)

8. Has your animal had any vaccinations done since your last program update with us? Be specific and include dates when possible. (If possible have your veterinarian fax over your animals vaccination history)



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9. In your opinion, what is your animal's emotional status and overall health (how is your animal doing)?

10. Please add any additional comments or concerns below.

11. Since your animal has been on Dr. Bob's Nutritional Wellness Program, do feel this has helped your animal and how – If not please explain?



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12. Would you like to take part in our testimonial page on our website to help educate others on how beneficial this has been for your animal?

13. Would you recommend us to a friend? If no, please tell us why.

14. How would you like to receive information from us?

- Mail
- E-mail
- Fax
- Pickup

WARNING: Speak with your Veterinarian before vaccinating your animal. If your animal suffers from a compromised immune system or is in a fragile state of health, consider the possible side effects. Vaccinate with intelligence. We suggest titer testing.

*A \$25.00 fee will be charged to you if 24-hour notice is not given for cancellation of a Phone Consultation.

Please Note: Food and Supplements sold separately

Refund Policy on Services and Products:

All custom formulations are non refundable. Nutraceuticals Support Formulas and Liquid Remedies must be unopened with seal still intact and must be returned within 15 days from the ship date for a full refund.



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Pricing for Services – All Supplements Are Sold Separately And All Custom Made Supplements Are Not Refundable, All Other Supplements Must Be Returned Unopened And Within 15 Days Of Purchase.

<p>Nutritional Pet Profile (NPP) \$200 <u>This includes:</u></p> <ul style="list-style-type: none"> List of Supplements based on Medical information given to us by you and your primary veterinarian(s) A recommended diet A full discussion on the NPP and how to administer the program after you receive the supplements 	<p>Follow-up Nutritional Pet Profile (FNPP) \$100 to \$150 based on the amount of time to update <u>This includes:</u></p> <ul style="list-style-type: none"> List of Supplements based on Medical information given to us by you and your primary veterinarian(s) A recommended diet A full discussion on the NPP and how to administer the program after you receive the supplements
<p>NBT (Nutritional Blood Test Analysis) \$150 This is a custom nutritional powder based on your animals blood test results supplied to us by you and your primary veterinarian. This is an additional cost on top of the NPP You will also receive a full discussion on the NBT once you receive the written NBT Report and how to administer.</p>	<p>Wellness Program \$100 This is for healthy animals that has no illness or severe condition diagnosed by your primary veterinarian <u>This includes:</u></p> <ul style="list-style-type: none"> List of Supplements to try and maintain a healthy stasis A recommended diet A full discussion on the supplements and how to administer
<p>Diet Workup \$50 This based on medical information supplied by you and your primary veterinarian(s) <u>This includes:</u></p> <ul style="list-style-type: none"> List of foods both for home cooking and commercially A full discussion on how to introduce a new diet 	<p>Vet to Vet Consultations \$50 If Dr. Goldstein needs to speak with your veterinarian to discuss more information on your animals medical information</p>

Services below are additional costs after receiving any services above

After receiving any services above there will be additional charges for any question(s). This includes if they are received by phone, email, snail mail or fax (and answered by any employee of Healing Center for Animals). Starting Cost is \$25 for 15 minutes anything over this will be an additional \$25 for each 15 minutes. Before we start any services this form must be signed and dated and a valid credit or debit card must be given. No charges will be administered until you receive your animals nutritional program or after your question(s) have been answered.

Date: _____ Animals Name: _____

Signature: _____ Printed Name: _____

Credit or Debit Card Number: _____

Expirations Date: _____ CVV/CVC Number: _____