

**HARMONIC EGG NW CENTER**

7017-27<sup>th</sup> St W Suite 4  
University Place, WA 98466



**CONFIDENTIAL CLIENT / PET APPLICATION**

Pet Name: \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_  
Breed: \_\_\_\_\_ Primary Reason for seeing us: \_\_\_\_\_  
How long has your pet had the problems you listed: \_\_\_\_\_  
Have others helped them with the problem: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Meds they are on: \_\_\_\_\_  
What else do we need to know? \_\_\_\_\_  
What scares them? \_\_\_\_\_ Incontinence? \_\_\_\_\_  
Do they bite? \_\_\_\_\_ So they do well around other animals? \_\_\_\_\_ Humans \_\_\_\_\_ Kids \_\_\_\_\_  
Precious illness? If yes, what? \_\_\_\_\_  
What are your expectations after the sessions: \_\_\_\_\_  
Who can we thank for your being here (who referred you): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUIREMENTS FOR DOING SESSIONS**

- \*All animals must be current on all required vaccinations.
- \*All animals must be clean and well-behaved.
- \*All animals must be free of internal and external parasites (ex. ticks, fleas, hookworms etc).
- \*Its ok for them to be in their crates if that's less stressful for them.
- \*Units with chairs, they must be on your lap
- \* Your Combined weight must not exceed 300 pounds.

I have read the requirements and understand Harmonic Egg NW Center / Nicole Wirth, LMP's policies. Harmonic Egg NW Center / Nicole Wirth, LMP agrees to exercise all due and reasonable care to prevent injury to my pet. However, in the event of injury, the Harmonic Egg NW Center / Nicole Wirth, LMP shall not be held personally liable for such injury. I agree to pay all costs for any property damage or personal injury caused by my pet. It is up to Harmonic Egg NW Center / Nicole Wirth, LMP to decide what is considered damaged.

**OWNER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_