

# Margaret Dexter's Animal Communication and Reiki Application & Questionnaire

Please print clearly – if you need more space please write on another sheet and attach.  
When you've completed the form, return to Margaret at FAX 423-266-3384 -- or mail to:  
Margaret Dexter, 1175 Pineville Rd #124, Chattanooga TN, 37405

## ANIMAL INFORMATION FORM

Please fill out a separate Form for each animal  
Mail or email a picture of each animal

YOUR NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ANIMAL'S NAME \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_ AGE \_\_\_\_\_  
SPECIES \_\_\_\_\_ BREED \_\_\_\_\_  
LENGTH OF TIME IN YOUR LIFE \_\_\_\_\_  
NUMBER OF PREVIOUS OWNERS, IF KNOWN: \_\_\_\_\_  
VETERINARIAN \_\_\_\_\_  
PRIMARY REASONS FOR SESSION (areas of complaint, pain, or dysfunction, behavior, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LIST OF THINGS YOU'D LIKE TO ASK OR TELL THEM:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

More: please use a separate sheet as needed.

1. HAS YOUR ANIMAL EVER BEEN INJURED, EXPERIENCED SURGERY OR OTHER TYPES OF TRAUMA?  
This includes falls, vehicle accidents, medical surgeries or treatments, abuse, cranial injury, broken limbs, etc.... YES NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. DOES YOUR ANIMAL HAVE ANY KNOWN ILLNESSES OR DISEASES? YES NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

3. ARE YOU EXPERIENCING TRAINING, PERFORMANCE OR BEHAVIOR PROBLEMS? YES NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. DOES YOUR ANIMAL HAVE CANCER: YES NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

5. DOES YOUR ANIMAL HAVE ARTHRITIS OR ANY JOINT DISORDERS? YES NO  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

6. IS YOUR ANIMAL PRESENTLY TAKING ANY DRUGS OR MEDICATIONS? YES NO  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. DOES YOUR ANIMAL HAVE ANY OTHER MEDICAL CONDITIONS NOT DISCUSSED YET? YES NO  
If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. SPORTS OR ATHLETIC PERFORMANCE: If your animal is involved in a sport or competes in athletics, please indicate below and answer the related questions:

1st Sport: \_\_\_\_\_ Professional or Amateur or For Fun Only

Date of last performance/game: \_\_\_\_\_

Current goal is (opt): \_\_\_\_\_

On the following scale of 1 - 10 our current standing is:

*Pitiful/Lots of room to improve Superior/Top of the Game*  
1 2 3 4 5 6 7 8 9 10

2nd Sport: \_\_\_\_\_ Professional or Amateur or For Fun Only

Date of last performance/game: \_\_\_\_\_

Current goal is (opt): \_\_\_\_\_

On the following scale of 1 - 10 our current standing is:

*Pitiful/Lots of room to improve Superior/Top of the Game*  
1 2 3 4 5 6 7 8 9 10

3rd Sport : \_\_\_\_\_ Professional or Amateur or For Fun Only

Date of last performance/game: \_\_\_\_\_

Current goal is (opt): \_\_\_\_\_

On the following scale of 1 - 10 our current standing is:

*Pitiful/Lots of room to improve Superior/Top of the Game*  
1 2 3 4 5 6 7 8 9 10

ADDITIONAL COMMENTS OR FURTHER EXPLANATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSENT FORM FOR CONSULTING SESSIONS WITH MARGARET E. DEXTER, PhD

**PLEASE** take a moment to carefully read the following information and sign where indicated.

I, \_\_\_\_\_ (print your name), understand that Margaret's approach to health is that of a holistic nature. She addresses each individual as a unique being with diverse needs mentally, physically, emotionally and spiritually. There is no assurance that my animal will feel better or obtain improvement with their presenting condition(s). Margaret's intent is to assist you and them with as much ease and grace as possible in as few sessions as possible. For some this may occur in a few sessions, for others it may take longer. I and my animals are ultimately responsible for our personal healing and well-being.

I also understand that it may be important for me to receive therapy myself in order to help my animal. If at any time I feel uncomfortable with my or my animal's treatment, it is my responsibility to inform her. Self-care is an extremely important part of my healing process, and I know Margaret respects and supports me in this. I am willing to also make appropriate lifestyle changes as needed.

I also understand that while I and/or my animals may immediately experience positive changes and results, we could also experience temporary difficulties as our bodies repair themselves. Our symptoms may intensify for a short period before relief is felt, so I won't be alarmed if this happens. I will be encouraged because these symptoms tell me that the therapies are working, supporting the body as it makes changes, addressing problems more aggressively. I also agree to be patient and gentle with myself and my animal as we process and integrate these changes. If our bodies must create new neural pathways or generate new tissue or cells as it rebuilds healthier organs, joints, etc., this may take a few weeks or months, depending on the complexity of the task. If for any reason I am unable or unwilling to allow the time they need to heal after a therapy session, I will tell Margaret before our session.

I affirm that I have stated all known medical conditions, and have answered all questions honestly and to the best of my ability. I understand that this is not a substitute for medical examination and diagnosis. I understand that Margaret does not diagnose illness, disease or any other physical or mental disorder. Likewise, she does not prescribe medical treatments or pharmaceuticals, nor does she perform any spinal adjustments. Any information provided is for educational purposes only.

### **FOR DIABETICS OR ANYONE WITH HEART OR BLOOD PRESSURE PROBLEMS:**

**I understand that I must re-evaluate the need for insulin or other diabetic regulating protocol, or blood pressure regulatory medication(s) every day while I and/or my animal undergoes therapy because I know that the body may make fundamental changes very quickly. I hereby agree that I am willing to do so in a responsible manner.**

### **NO SHOWS AND CANCELLATIONS:**

I understand that my appointment purchases Margaret's time. If I don't show up for my appointment, I still owe for her time. If I need to reschedule, I will contact her at least 48 hours before my session date so that she can offer my time to someone else who needs it.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRACTITIONER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

You only need to submit one copy of this form for the file.