

INSTRUCTIONS

Please, print, fill out the top part of the questionnaire and sign it.

Take a picture of the completed form along with a photo of your pet and return those to me at: energyinsights@gmail.com

If you need more room, please, use the backside of the form and be sure to include it in the photos you send me via email.

A PayPal payment of \$170 is due when you submit your photos.

I will do the reading and return the information sheet ASAP and give you a call to explain my findings.

My PayPal address and email is: energyinsights@gmail.com

Client /Animal Questionnaire

Your Name _____ Sex at Birth M ___ F ___ DOB _____

Address _____ Email _____

Today's Date _____ Phone # _____ Is this reading for you or your pet? _____

Fur Baby's Name _____ Breed _____ Weight _____

Male _____ Neutered _____ Female _____ Spayed _____ DOB _____

Your Pet's Problem:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What are you feeding them?[Brand / how much?]

Remember, animals take on your life challenges. Is there anything you think I should know?

Ray Veilleux is **NOT** a doctor of any kind. I do not diagnose or cure any disease, this is for information and educational purposes only. Neither Ray Veilleux or related parties are responsible for this reading. These are intuitive opinions for you to accept or reject. Using this service does not replace or substitute available medical services, in fact we encourage you to verify anything we suggest. **DO NOT** use these suggestions if common sense tells you that this is not for you.

SIGN _____ Print _____

Client/ Animal / Information

Ratings: 1-12 Brain & Heart. All others 1-10. 1 being the lowest, 5 and above is acceptable. Rev.6/16/26

Name _____ Sex at Birth _M_ F_ DOB _____

Fur Baby's Name _____ Breed _____ Male _____ Neutered _____

Female _____ Spayed _____ Weight _____ DOB _____

Address _____ City _____ State _____

Email _____ Phone _____ Date _____

Brain { } _____

Heart { } _____

Emotions { } _____

Throat { } _____

Thyroid { } _____

Iodine { } _____

Spleen { } _____

Immune System { } _____

Worms { } _____

Hydration { } _____

Selenium { } _____

Structure & Bone Marrow { } _____

Muscular { } _____

Nerve issues { } _____

Allergies { } _____

Food Brand { } _____

Other _____
