



Dr. Bob and Susan Goldstein's  
**HEALING CENTER FOR ANIMALS**

606 Post Road East, Westport, CT 06880  
hcfa@healingcenterforanimals.com - www.healingcenterforanimals.com  
203-227-4943 (phone) – 888-353-4817 (fax)

## Ask Dr. Bob and Susan Questionnaire

**Welcome to the Ask Dr. Bob and Susan's Wellness Program.** This program was created by Dr. Bob and Susan Goldstein for the purpose of offering you the opportunity to receive an individualized nutritional support program for your animal based upon Dr. Bob and Susan's thirty years of clinical experience treating animals holistically using diet, vitamins, minerals, herbs and homeopathy as healing modalities. The **Ask Dr. Bob and Susan Wellness Program** is beneficial and applicable for your animal if he or she is well or just experiencing a minor ailment such as arthritis, minor allergies, ear, eye or skin disorders. **Please print with black ink and clearly so we may read and understand your animals needs.**

Complete this form and send it to info@healingcenterforanimals.com or fax it to 888-353-4817.

Date: \_\_\_\_\_

Client First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Ask Dr. Bob and Susan cost \$100 [ ] Please check box to process your animal's questionnaire**

Credit Card:  
MC/Visa/Discover/Amex#: \_\_\_\_\_ Exp. Date \_\_\_\_\_

### One Animal Per Questionnaire

Animal's Name \_\_\_\_\_

Feline \_\_\_\_\_ Canine \_\_\_\_\_ Horse \_\_\_\_\_ Bird \_\_\_\_\_ Other \_\_\_\_\_ (please specify) \_\_\_\_\_

Breed of Animal \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Spay/Neutered – Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Procedure \_\_\_\_\_

***Visualize Your Animals Wellness!***

1. Date last vaccinated and what vaccines where given: \_\_\_\_\_

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2. Animal's current health status: \_\_\_\_\_

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3. Current Diet: \_\_\_\_\_

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4. Current medications being taken (if any): \_\_\_\_\_

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5. Current nutraceutical or supplement program: \_\_\_\_\_

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6. Emotional/Stress status: \_\_\_\_\_

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7. Has your animal ever been in a shelter or been rescued – please state dates? \_\_\_\_\_

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8. Is your animal grieving? \_\_\_\_\_

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9. Your current flea and tick prevention program? \_\_\_\_\_

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10. Your concerns? \_\_\_\_\_

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11. Your specific questions? \_\_\_\_\_

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12. Your health goals for your animal? \_\_\_\_\_

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13. How did you hear about us? (Please give person's name if a friend) \_\_\_\_\_

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14. How would you like to receive your animal's Ask Dr. Bob and Susan's Wellness Program?

Mail       E-mail       Fax       Pickup at Earth Animal?

**Refund Policy on Services and Products:**

*All Custom Blended Homeopathic's (CBH) are non-refundable. Nutraceutical 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.*

**\*NOTE - All supplements and food sold separately**