

Crossgates Bio-resonance Analysis Information Form

Name Of Animal:

Name Of Owner:

Address:  
Address where kept if different

Postcode:  Telephone:

Species/Breed  Sex:  Date Of Birth:

Health /Symptoms:

Please use an extra sheet of paper for health & diet information if you need to & attach to the form.

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

Medication/  
Supplements:

**Please Select The Analysis You Require**

**Initial Analysis** spray 1st class £101.84

E-pendant 1st class £101.84

**Follow on Analysis**

250ml & spray 1st class £70.67

e pendant recharge 1st class £70.67

**Target programme**

<input type="checkbox"/>	Respiratory	<input type="checkbox"/>
<input type="checkbox"/>	Endo/Hormonal	<input type="checkbox"/>
<input type="checkbox"/>	Psychological	<input type="checkbox"/>
<input type="checkbox"/>	Allergens	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Cardiovascular  
 Digestive  
 Genitourinary  
 Musculoskeletal

**Payment Option**

Cheque Enclosed  
 Ring for card payment

This is not a medical diagnosis; it is not designed to replace veterinary or medical advice.

Prices correct at time of printing 09/09/19 inc VAT @ 20% EO&E

Prices correct at time of printing 01/09/20 inc VAT @ 20% EO&E

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We will not share your information with any other individual or company.

Every so often, we would like to keep you updated with any exciting new products or special offers we feel will interest you.

If you are happy to be contacted for this purpose, please tick below to say how you would like to be contacted:

**Email**  Email Address: \_\_\_\_\_ **Telephone**

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