## <u>Crossgates Bio-resonance Analysis Information Form</u>

Name Of Animals					
Name Of Owner:					
Home Address					
& address where					
kept if different:					
Postcode:		] 1	elephone:		
Species/Breed:		Sex:		Date Of Birth:	
Health /Symptoms:					
Please use an extra	sheet of paper for healt	h & diet information if y	ou need to & attach to th	e form.	
Signature				Date:	
Medication:					
Supplements					
Feed					
DI 61 . TI 4					
Initial Analysis	analysis You Require:		Follow on A	malysis	
	spray 1st class £135.54			y 1st class £73.07	
2301111 &	3pray 13t class £155.54		250111 & 3610	19 130 01033 173.07	
Е-р	endant 1st class £135.54		E- pendant recharg	ge 1st class£73.07	
	please tick two options			Payment Option	
Cardiovascular Digestive		Endo/Hormonal Psychological		Cheque Enclosed	
Genitourinary		Allergens		for card payment	
Musculoskeleta		Respiratory	rilig	ioi caru payment	
	L-		signed to replace any veterin	ary or medical advice.	
Extra	Dog Probiotic	£15.00	Apple Cider Vin	_	£3.95
Supplements	Dog Multivitamin	£14.90	Dog Be Smarter	•	£18.40
Please Tick	Dog Joint Dog Omega	£13.00	Dog Be Calm		£16.40
	Liver Support Mother Tine	£21.60 cture £10.85	Seaweed 1.5kg		£7.75
Every so often, we v	* *		products or special offers we	e feel will interest you.	
			email address or telephone		
Email :			Telephone :		

Crossgates Privacy Statement: The information we collect will be the information you have shared with us . It will not be shared with any other individual or company and will be held electronically or by hard copy, will be stored securely and will be kept for 7 years. To read the full Crossgates Privacy Statement please go to www.crossgateshealthhairandbeauty.co.uk . Prices correct at time of printing 2/09/22 inc VAT @ 20% EO&E Crossgates/Animal /PDF Printing/Bio Res Kits