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

Name Of Animal:							
Name Of Owner:							
Home Address							
& address where							
kept if different:							
kept ii different.							
Postcode:]	Telephone:				
Species/Breed:		Sex:		Date Of Birth	:		
		<u> </u>					
Health /Symptoms:							
Please use an extra	sheet of paper for health	& diet information if yo	u need to & attach to the	form.			
Signature:		-		Date			
o ignature.				Date			
Medication:							
Supplements:							
Feed:							
	nalysis You Require:		Fallows	. Analysis			
Initial Analysis				n Analysis	-		
250MI &	spray 1st class £135.54		250MI & S	pray 1st class £75.20			
F-r	endant 1st class £135.54		E nendant rech	arge 1st class £75.20	5		
- P	CHautt 13t class £155.54		E peridant reen	uige 13t clu33 173.2t	-		
Target Programme	please tick two options			Payment Option	2		
Cardiovascular		Endo/Hormonal		r ayment option			
Digestive		Psychological		Cheque Enclose	1		
Genitourinary		Allergens		ing for card paymen			
Musculoskeletal		Respiratory	'	ang for card paymen			
			designed to replace any vet	erinary or medical adv	ice.		
Extra	Dog Probiotic	£19.40	Apple Cider	Vinegar 1 ltr /Plain	£4.95		
Supplements	Dog Joint Support	£14.30	Seaweed 1.5	kg	£7.75		
Please Tick	Dog Be Calm	£16.50	Collodal Silv	er 500ml/1000ml	£29.99/£49.99		
	Milk Thistle/Mother Tin	cture £10.85					
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 provie either an email address or telephone no.							
Email :			Telephone :				
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