

PET TESTING FORM

PET INFORMATION (Please Print)

Breed: _____ Male Female
Name: _____ Age (If Known) _____ Weight _____
Reason for Visit: _____

Owners Info:

Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

DIRECTIONS

- 1) Place Q-tips saturated with saliva in a Ziploc bag.
- 2) Place FUR IN A SEPARATE ZIPLOC BAG.
- 3) Place all in an envelope along with this form and mail to: LIVING BY NATURE 101 NE 62nd Ter. Gladstone, MO. 64118

PAYMENT INFORMATION

Cost \$75 Follow up tests are free with the purchase of the recommended supplements.

cash check credit

Card number: _____ EXP date: _____ CVV: _____ Type: _____

Please include payment with this form when you mail it in if paying by check.

Please read the following and sign below

The Qest4 system provides a completely non-invasive method for gaining valuable information about your pets body and vital functions. The primary objective of the procedure is to provide feedback on patterns of stress contributing to your animals overall health and condition. The analysis will help in recommending an optimal program for restoring balance to you pet's health.

I understand that the Qest4 does not provide a medical diagnosis, and that my testing technician may recommend further medical testing. If you suspect that you pet needs further medical intervention you should consult your veterinarian.

I give permission for the technician to evaluate my Pet on the Qest4 system. I understand that by doing so the testing technicianis not becoming my pets primary care veterinary physician.

I understand that the tessting technician will give me information about my pet based on the performed evaluation and will offer suggestion of supplements.

By signing this you agree to these statements.

Date

Signature