



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

1175 Post Road East, Westport, CT 06880

info@healingcenterforanimals.com - www.healingcenterforanimals.com

203-227-4943 (phone) – 203-227-8094 (fax)

Welcome to the Nutritional Pet Profile Program (NPP). The NPP 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 NPP 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. The NPP does not require a blood test to provide a report and program to follow. Complete this form and send it to us at **info@healingcenterforanimals.com**. If your animal suffers from a serious illness such as cancer, heart, liver, or renal failure, please see your veterinarian and request a Nutritional Blood Test available through Antech Diagnostics (Form # NBT 9945) or call (888) 533-5162.

Family Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

**Nutritional Pet Profile Fee: \$49.95**

Animal's Name \_\_\_\_\_ lbs. \_\_\_\_\_ Dog or Cat: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Animal's Current Health Status: \_\_\_\_\_

Current Diet: \_\_\_\_\_

Vaccine History: \_\_\_\_\_

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

Current Nutraceutical or Supplement Program: \_\_\_\_\_

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Emotional/Stress Status: \_\_\_\_\_

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Has your animal ever been in a shelter or been rescued? \_\_\_\_\_

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Is your animal grieving? \_\_\_\_\_

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Your Current Flea and Tick Prevention Program? \_\_\_\_\_

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Your Concerns? \_\_\_\_\_

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Your Specific Questions? \_\_\_\_\_

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Your Health Goals for Your Animal? \_\_\_\_\_

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How would you like to receive the NPP for your animal?

Mail \_\_\_ E-mail \_\_\_ Fax \_\_\_ Pickup at Earth Animal? \_\_\_\_\_