



Animal Communication & Equine Somatic Intake Form



1. Owner Information

- Full Name: _____
- Email Address: _____
- Phone Number: _____

2. Animal Profile

- Pet's Name: _____
- Species & Breed: _____
- Age / Date of Birth: _____
- Gender: ☐ Male ☐ Female
- Status: ☐ Currently Living ☐ In Spirit
- Photo: *(Please attach a clear photo of your animal where their eyes are clearly visible.)*

3. Reason for Booking

- What is your primary reason for booking this session? (Check all that apply):
 - ☐ Behavioral concerns or sudden changes in behavior
 - ☐ Physical wellbeing, discomfort assessment, or health check-in
 - ☐ Upcoming or recent life transitions (moving, new routine, new family member)
 - ☐ Emotional check-in / Deepening our bond and mutual understanding
 - ☐ General check-in on overall happiness and preferences
 - ☐ End-of-life support and quality-of-life guidance
 - ☐ Connecting with an animal in spirit
 - ☐ Equine Somatic Mirroring & Bodywork Integration (*Horses only*)
 - ☐ Other: _____
- Please provide a brief background or context on the reasons selected above:

4. Specific Questions & Messages

- What specific questions would you like to ask your animal?

1. _____
2. _____
3. _____

- Are there any messages or information you want communicated to your animal?

5. For Equine Somatic Mirroring & Bodywork Alignment ONLY

(For Horse Owners Only)

About Somatic Mirroring: Through intuitive animal communication and somatic surrogacy, I mirror your horse's internal physical experience—feeling where they carry tension, restriction, asymmetry, or underlying discomfort. This direct feedback removes the guesswork, allowing us to address physical issues at their root.

- Are you interested in Somatic Mirroring during your session?

☐ Yes ☐ No ☐ I'd like to learn more

- **Combining Communication with Hands-On Bodywork:** For a fully integrated experience, somatic mirroring can be combined with a bodywork practitioner. Hearing directly what your horse wants addressed allows the practitioner to target the root source of discomfort in real time.

- Would you like to explore combining communication with a bodywork practitioner?

☐ Yes, I have a practitioner I currently work with

☐ Yes, I would like more information/recommendations

☐ Not at this time

6. Consent & Disclaimer

- **Disclaimer:** Animal communication and somatic surrogacy are designed to complement, not replace, professional veterinary medical care, veterinary diagnostics, or professional equine training.

Client Signature: _____ Date: _____

Somatic Mirroring & Bodywork Collaboration Liability Release

Please read each statement carefully and initial next to each item to confirm your understanding and agreement.

- **Scope of Practice:** I understand that somatic mirroring, intuitive animal communication, and bodywork guidance are intended solely as holistic, complementary practices to assist in identifying potential areas of tension, restriction, or discomfort. They are **not** a substitute for professional veterinary care, formal medical diagnoses, physical therapy, or licensed veterinary chiropractic treatment.

Initial Here: [_____]

- **Veterinary & Professional Consultation:** I acknowledge that Beth Christian / Be Connected does not diagnose, prescribe, or treat medical conditions. Any insights gained regarding physical discomfort, asymmetry, or alignment should be reviewed with a licensed veterinarian prior to undertaking medical treatments or making significant changes to my horse's care or exercise regimen.

Initial Here: [_____]

- **Third-Party Practitioners & Collaborative Work:** If a third-party equine bodywork practitioner, therapist, or care provider participates in or applies hands-on techniques during or following this session based on somatic feedback, I acknowledge that they operate as an independent party. Beth Christian / Be Connected acts solely as a communication facilitator and is not responsible or liable for the physical techniques, adjustments, or actions performed by outside practitioners.

Initial Here: [_____]

- **Assumption of Risk & Release of Liability:** I acknowledge that handling, training, and applying physical bodywork to horses involves inherent risks of injury or damage. I voluntarily choose to participate in this session and assume full financial and physical responsibility for my horse's wellbeing and outcomes. By signing below, I release, waive, and hold harmless Beth Christian / Be Connected, its owner, and associates from any and all liability, claims, or demands arising from or related to the session, somatic feedback, or subsequent bodywork applications.

Initial Here: [_____]

Client Signature: _____

Printed Name: _____

Date: _____