

*Canine reference ranges, interpretive reports and recommendations are based on a properly prepared hair sample — be sure that the hair is clean and dry before cutting it.*

## Hair Sampling Instructions

*Sampling scissors should be sterile high grade stainless steel or plastic to avoid micro contamination of the hair. This factor cannot be emphasized enough in order to avoid reporting inaccurate test results. Using a plated scissors (even a new one) will contaminate hair specimen with many of the metallic elements.*

**LOCATION:** The sample should be taken in small portions from several areas behind the dog's head above the shoulders.

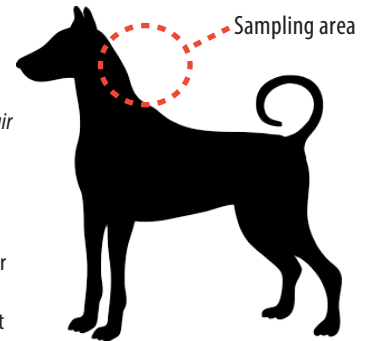
**LENGTH:** Cut hair as close to the skin as possible. The length of hair submitted should not exceed one and one-half (1-1/2") inches. Retain the proximal portion (closest to skin) as it reflects the most recent metabolic activity. Discard the distal excess.

**AMOUNT:** The amount of hair necessary is about one tablespoon full.

**Important:** Place hair sample into a clean paper envelope or plastic bag.

Pictures of your dog are very helpful, but not required. If you can, please include face and full-body side profile photos of your animal. If you prefer, you can email photos to [woof@animalelite.com](mailto:woof@animalelite.com)

Fill in the questionnaires as well as you can. The more information you can provide, the better understanding we will have about your animal's current health status.



## What does it cost?

**Initial test fee: \$125**

What you get:

1. Canine hair Tissue Mineral Analysis (hTMA) lab test results,
2. Nutrient mineral supplement recommendations.  
(The cost of purchasing supplements varies per dog and is not included in the fee)
3. Canine raw feeding information.

Option. Consultation with medically trained hTMA clinician: \$20 per 1/4 hour (via in-office, phone, email, or Skype).

## Instructions

Mail forms and hair sample to:

Health Elite Clinic  
34785 Fire Tower Road  
Bayfield, WI 54814

## Payment Options

1. Send a personal check with your mailed sample.  
— or —
2. Pay online with credit card - click "Square" below:



*To determine the correct amount to feed your canine, it is important to properly measure your dog's height and weight — please follow instructions carefully.*

## Weight

You can accurately measure your dog's weight in three simple steps:

1. Weigh yourself.
2. Weigh yourself while holding your dog. If your dog is too heavy for you, find a strong friend that can help. Also, most vets will be happy to weigh your dog for you.
3. Subtract your weight from the combined weight. The result equals your dog's weight.

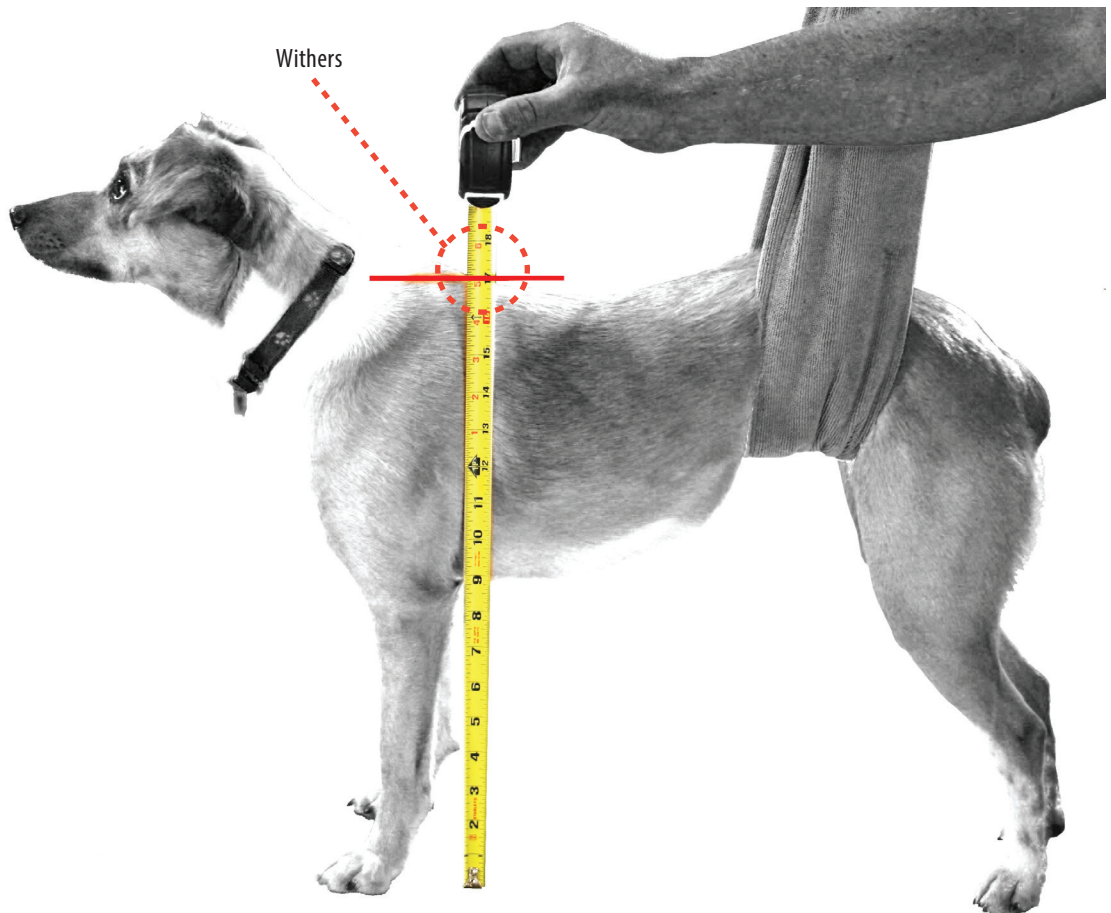
## Height

The standard reference point from which to measure an animal's height, is called the *withers* (the ridge between the shoulder blades of a four-legged mammal). For a dog, height is determined by the shoulder height, not by the head.

1. Stand your dog on a flat, solid surface. A small dog can stand on a counter or table. Ensure the legs are perpendicular to the surface; legs should form a 90-degree angle to the standing surface.
2. Run your hand over the back of the neck to the back. The highest point over the shoulder is the point of the *withers*. Use a tape measure to find the distance from this point in a straight line to the floor.

## Video

How to measure your dog's height. <http://vimeo.com/12549858>



## ■ Information

Today's Date:.....

Dog's Name:.....

Your Name:.....

Address:.....

.....

City:.....

State/Prov:..... Zip/Postal Code:.....

Phone:.....

Mobile:.....

eMail:.....

## ■ Animal Identification

Breed:.....

Sex: ☐ F ☐ M .....

Age:..... Date of Birth:.....

Weight (lbs.):.....

Height (inches):.....

Neutered / Spayed? ☐ No ☐ Yes

Color / Markings:.....

.....

How long have you owned the animal:.....

Where did you get the animal:.....

.....

## ■ Animal's Character

Please tell us a little about your animal's nature, disposition, temperament, psyche.

.....

.....

.....

.....

## ■ Primary Veterinarian

Name:.....

May we request the animal's medical records? ☐ No ☐ Yes

Clinic name:.....

.....

Address:.....

.....

City:.....

State/Prov:..... Zip/Postal Code:.....

Phone:.....

## ■ Working Canine

What type of work, specialization or task (e.g., search and rescue, service, assistance, sled, agility, hunting, guard or watchdog, K9 unit, entertainer, other)

Dog Type / Specialization:.....

.....

Describe your dog's daily work and training activities:.....

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**■ Medical**

Is the animal currently taking a heartworm preventative: ☐ No ☐ Yes

Would you describe your pet as an indoor or outdoor animal:.....

Do you have carpeting in your house: ☐ No ☐ Yes

Has there been recent weight loss or gain: ☐ No ☐ Yes

If yes, describe how much, over what period of time:

.....

Has the animal's water intake changed: ☐ No ☐ Yes

If yes, describe:.....

.....

**■ Current Medications and Dosages**

Flea control (brand): ☐ None ☐ Frontline® ☐ Advantage®

☐ Program® ☐ Other:.....

List all current medications, supplements and herbs, and reason for taking each:

.....

.....

.....

**■ Reactions to Medication**

Any unusual or unexpected reactions to any medication: ☐ No ☐ Yes

If yes, describe:.....

.....

.....

**■ Electronic Implant**

Does the animal have a RFID electronic implant: ☐ No ☐ Yes

**■ Additional Comment**

.....

.....

.....

**■ Vaccinations**

List annual vaccinations:.....

.....

.....

.....

List any vaccinations your animal has received in their life, besides the annuals:

.....

.....

.....

.....

**■ Reactions to Vaccine**

Any unusual or unexpected reactions to any vaccine: ☐ No ☐ Yes

If yes, describe:.....

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**■ Illness and Injury**

List any serious illnesses or injuries, include dates:

.....

.....

.....

Have you seen the animal pass any worms in stools: ☐ No ☐ Yes

Is there a history of seizures: ☐ No ☐ Yes

Describe any long-term or persistent condition, include date condition began:

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.....

## ■ Primary Concern

.....

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Have you seen a vet or other practitioner about this issue? ☐ No ☐ Yes

If yes, name and specialty of practitioner:

.....

.....

Diagnosis, test or lab results:.....

.....

.....

.....

Medications or treatments received:

.....

.....

.....

Animal's symptoms are: ☐ Improving ☐ Worsening ☐ Unchanged

How severe are symptoms? ☐ Severe ☐ Moderate ☐ Mild

Do symptoms affect the animal's daily activities? ☐ No ☐ Yes

If yes, describe:.....

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What do you think the animal's symptoms mean?

.....

.....

.....

.....

## ■ Behavior Patterns

Coughing ☐ No ☐ Yes

Sneezing ☐ No ☐ Yes

Gagging (choking) ☐ No ☐ Yes

Listlessness (no energy) ☐ No ☐ Yes

Head shaking (tremors) ☐ No ☐ Yes

Scotting (butt rubbing, scraping) ☐ No ☐ Yes

Scratching (excessive) ☐ No ☐ Yes

## ■ Physical Indicators

Bad breath odor ☐ No ☐ Yes

Musculoskeletal stiffness ☐ No ☐ Yes

Unusual hair loss ☐ No ☐ Yes; ☐ Patchy ☐ Generalized ☐ Excessive

New or unexpected swelling, lump, bump? ☐ No ☐ Yes

Describe:.....

.....

.....

Unusual discharges (fluids)? ☐ No ☐ Yes

Describe:.....

.....

.....

Lameness (unable to walk normally)? ☐ No ☐ Yes

Describe:.....

.....

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Describe any other physical problems or concerns:.....

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Please describe what type of food you commonly feed your animal:

### ■ Morning

Brand:.....

Amount (how many cups):.....

### ■ Evening

Brand:.....

Amount (how many cups):.....

### ■ Water

How many cups/ounces per day:.....

### ■ Additional Information

Type(s) of exercise your animal enjoys most (e.g., walks, tug-of-war, fetch, etc.):.....

How often do you exercise your animal:.....

What kind of water does your animal drink:.....

Do you use well-water for anything:.....

Average hours of sleep animal gets per night:.....

Does your animal take nap(s) during day (how many hours):.....

Bowel movements ☐ Normal ☐ Constipated ☐ Diarrhea

Urination ☐ Normal ☐ Increased amount (volume) ☐ Increased frequency ☐ Difficulty, straining to urinate

Vomiting ☐ No ☐ Yes, describe:.....

Recent loss of appetite ☐ No ☐ Yes

### ■ Additional Comment

### ■ Treats

List the type of treats:.....

Amount per/day:.....

Does the animal receive any "people" food? ☐ No

☐ Yes, describe:.....

## ■ Ninth Amendment Declaration

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in healthcare. This includes the right to choose my pet's diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration of this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

My signature below hereby gives notice to any person who receives a copy of this declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment as enumerated in this declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.

### Disclosure / Disclaimer

1. The services provided by nutritional balancing practitioners are considered alternative or complementary to state licensed healing arts services.
2. Health Elite nutritional services are not licensed by the state.
3. Health Elite nutritional services may include:
  - a. The recommendation of a nutritional therapeutic protocol based on results of the animal's hair Tissue Mineral Analysis (hTMA). hTMA is a laboratory performed chemical analysis of the animal's hair sample. Test results indicate amounts of distinct mineral nutrients identified in the representative hair sample.
  - b. The recommendation of specific nutritional supplementation and gradual adaptation of a nutrition-rich dietary protocol. Health improving lifestyle modifications may be suggested.
4. Mineral balancing is a method of assessing and correcting the body's stress response. By identifying possible areas of stress and nutritional deficiency through hair mineral analysis, one can then provide needed nutrients to reduce stress and balance the body's biochemistry. All testing, techniques and supplements are recommended for this purpose.
5. None of the services or products recommended or provided by Health Elite are intended as a method of diagnosis, treatment or prescription for any disease, mental, emotional or physical, real or imaginary, or as a substitute for regular medical care.

## ■ Patient Agreement

I understand that results are not guaranteed. I understand that there may be other treatment alternatives, including conventional treatment offered by a state medical board licensed veterinarian.

I have carefully read and understand all of the information on this form and am fully aware of what I am signing. I intend for this consent form to cover the entire course of treatment for the animal in my care, as well as any future conditions for which I may seek treatment, and to perform the services described above to set up a mineral balancing protocol for the purpose of enhancing my animal's health.

Furthermore, I authorize Health Elite to forward my animal's hair sample and personal information to a licensed laboratory for a hair tissue mineral analysis (hTMA) and to share my personal information, analysis and/or other testing results with other health practitioners if needed for consultation for the purpose of analysis and nutritional therapy recommendations.

I understand that a hTMA nutritional consultant is not a state medical board licensed medical doctor, and that a veterinarian may be recommended by this clinic, depending on medical needs.

To indicate that you have read, understand and agree with this document, please sign and date below.

Name of Animal: .....

Your Name (print): .....

Signature: .....

Date: .....

Address: .....

City: .....

State/Prov: ..... Zip/Postal Code: .....

Phone: .....