



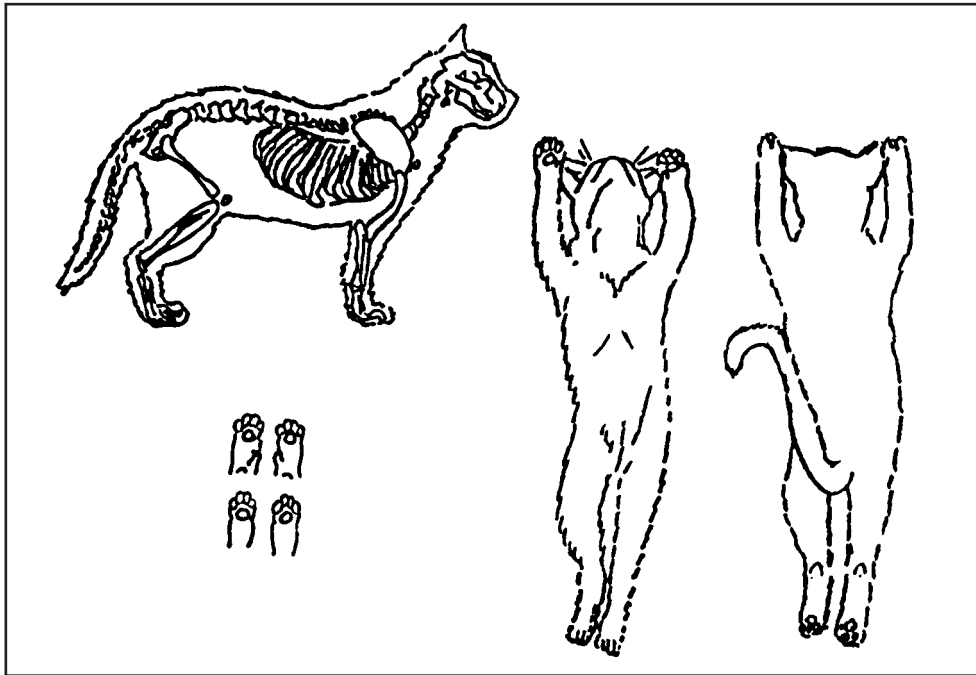
# Pet Care Connection



**Dr. Roberta T. Anderson**

## **CUSTOMIZED ACUPRESSURE PATTERN REQUEST**

**ASSESSMENT OF YOUR PET'S PHYSICAL, MENTAL AND EMOTIONAL CONDITION**



Be certain to include all requested information as to your assessment of your pet's physical, emotional and mental condition for which you are seeking assistance.

Mark an X on the spot(s) corresponding to the place on the body of your pet that you are frequently made aware of because it feels different to you or gives them problems. Circle those spots marked with an X which give your pet constant discomfort. On the lines below describe any details about your pet's emotional, mental and/or

physical condition you wish addressed in the customized acupressure pattern to be designed. Including any diagnoses that has been made by a licensed Health Care Provider or similar information in your own words would be most helpful. Be as specific as you can be. (Use reverse side as needed).

---

---

---

---

---

---

---

---

---

---

Remember, the suggestions prepared for you are to be considered as supplemental to your pet's present health care program and not a replacement for the care of your pet's regular veterinarian or health care provider.

# *Pet Care Connection*



YOUR FULL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

TYPE/BREED OF PET: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I Would Like To Receive \_\_\_\_ Customized Acupressure Pattern(s) for my cat.

Enclose a Check or Money Order payable to Anderson & Associates for US \$35 (includes shipping and handling) for each customized pattern requested. Each order includes a "by appointment only" 10 minute phone consultation with Dr. Anderson. Please Do Not Send Cash. Expect a 10 day to two week return time from the time your request and fees are received.

Mail to ANDERSON & ASSOCIATES at P.O. Box 675, Denair, CA 95316.