

PLEASE PRINT AND COMPLETE FORM PRIOR TO VISIT.

Soothing Touch Equine Massage

Equine Health & Background Information

HORSE	
Name _____	Age _____ Mare Gelding Stallion
Breed _____	Color _____
Description _____	
Notes _____	

OWNER	
Name _____	Phone _____
Address _____	
City _____	State _____ Zip _____
Work/Cell Phones _____	

Stable Name, Address, Phone _____
 Manager's Name and Phone _____
 Veterinarian's Name _____ Address & Phone _____
 Farrier's Name and Phone _____

Vaccinations: _____
 Medications: _____

Any Diseases? If yes, what and when? _____
 Any Surgeries? If yes, what and when? _____
 Any Injuries? If yes, what and when? _____

Last seen by veterinarian: Date: _____ Reason: _____

Is your horse currently under veterinary care? No Yes If yes, why? _____

Please check any that apply to your horse			
<input type="checkbox"/> Joint pain/swelling/arthriti	<input type="checkbox"/> Open wounds/sores	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Nerve damage
<input type="checkbox"/> Disk or vertebrae problem	<input type="checkbox"/> Skin disorders/infections	<input type="checkbox"/> Leg problems	<input type="checkbox"/> In Season
<input type="checkbox"/> Diarrhea/constipation	<input type="checkbox"/> Hip problems	<input type="checkbox"/> Newly healed area	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Eye problem	<input type="checkbox"/> Anxiety/	<input type="checkbox"/> Undiagnosed lump	<input type="checkbox"/> Nursing
<input type="checkbox"/> Ear problem	<input type="checkbox"/> History of abuse	<input type="checkbox"/> Allergies	<input type="checkbox"/> Cancer

Describe any other medical or physical conditions: _____

Describe your horse's predominate personality trait: _____

Describe any vices, e.g., biting, kicking, others: _____

Describe aggressive behaviors if any: _____

Describe any unique non-aggressive behavior: _____

Has your horse ever received professional massage or bodywork? If so, why? _____

What is expected from the massage? _____

Do I have your permission to consult with your veterinarian regarding your horse's medical history ? yes no

I understand that massage practitioners are not trained in the diagnosis and treatment of disease. I hereby state that all conditions listed or circled above have been diagnosed or consulted on by a veterinarian. By signing this release, I do hereby waive and release the massage practitioner from all liability: past, present, and future.

SIGNATURE _____

DATE _____

Massage Provider Notes: _____

Message is not a substitute for veterinary medicine