

Restoration Equine Myofascial Bodywork

HORSE

Name _____ Age _____ Mare Gelding Stallion Breed _____

Color _____ Description _____

Notes _____

OWNER

Name _____ Phone _____ Work / cell Phones _____

Address _____

City _____ State _____ Zip _____

Please check any that apply to your horse

Joint pain/swelling/arthritis Open wounds/sores Heart disease Nerve damage Cancer

Disk or vertebrae problem Skin disorders/infections Leg problems In Season

Diarrhea/constipation Hip problems Newly healed area Pregnant Eye problem

Anxiety/ Undiagnosed lump Nursing Ear problem History of abuse Allergies

Equine Health & Background Information

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? _____

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 _____

Message Provider Notes: _____

Massage is not a substitute for veterinary medicine

PLEASE PRINT AND COMPLETE FORM PRIOR TO VISIT.