



History and Current Health Record – INTAKE FORM

Owner Details

First Name: _____ Last Name: _____

Primary Phone: _____ Secondary Phone: _____

Property Name: _____

Street Address: _____

Horse Details

Horses Name: _____ Breed: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Colour: _____ Years with current owner: _____

Paddock / Stable: _____ Shod / Unshod: _____

Brands: _____

Farrier: _____ Number: _____ Last visit: _____

Dentist: _____ Number: _____ Last visit: _____

What is your horses diet / feeding regime: _____

Does your horse have any notable short-term or long-term health issues, injuries or behavioral issues?

Current Veterinarian or Hospital: _____ Phone: _____

Is your horse currently under veterinarian care? Yes No

If yes, please describe why: _____

If yes, have you consulted with your veterinarian about massage therapy? Yes No

If yes, what was their response: _____

When was the last time your horse was medicated / vaccinated, and with what: _____



In what discipline(s) is your horse trained, and are you aware of previous training in other disciplines?

What is your horses' usual training / work / exercise regime? _____

What are your goals for your horse / you? (eg: training, competing, health etc) _____

Is this treatment intended to be part of your horse's well-being program or do you have specific concerns and areas you would like to address? _____

Anything I missed? Please feel free to add your comments: _____

Disclaimer

I understand that equine massage therapy is never a replacement for proper veterinary care. I understand that my practitioner will not diagnose conditions, attempt chiropractic adjustments, nor prescribe medications. If my horse is currently being seen by a veterinarian for the recovery from illness or injury, I have cleared this work with him/her to ensure that massage at this time is appropriate for my horse. If my horse is displaying signs of lameness or conditions which contraindicate proceeding with massage I understand my practitioner may refuse treatment until veterinarian permission is granted.

Signature of Owner or Primary Caregiver: _____

Printed Name: _____ Date: _____