Equine Bodywork Intake Form

OWNER INFORMATION

Name | Phone

Address

City | State | Zip Code

Email

EQUINE INFORMATION

Name | Breed

Sex | Age | Height | Weight

Discipline(s)

Barn Name | Address

City | State | Zip Code

Veterinarian Name/ Number

MASSAGE INFORMATION

Has your horse received a professional massage before? ☐ Yes ☐ No

If yes, when? _____

Does your horse experience any stiffness, tension, discomfort or pain? ☐ Yes ☐ No

_____

Do you currently see a Chiropractor? ☐ Yes ☐ No

If yes, how often? _____

What are your goals for this treatment session?

_____

_____

HEALTH HISTORY

Please check all that apply

- [ ] Arthritis- Acute
- [ ] Arthritis-Chronic
- [ ] Allergies
- [ ] Abnormal Growth
- [ ] Bursitis
- [ ] Cancer
- [ ] Cardiovascular Issues
- [ ] Colic
- [ ] Colitis
- [ ] Dental
- [ ] Diarrhea
- [ ] Digestive Issues
- [ ] Disc/Vertebral Issues
- [ ] Dislocations
- [ ] Ear Infection
- [ ] Eye Infection
- [ ] Fatigue
- [ ] Fever
- [ ] Founder
- [ ] Frequent Swelling
- [ ] Healing Wound
- [ ] Hematoma
- [ ] Hernia
- [ ] Infection
- [ ] Infectious Skin Condition
- [ ] Inflammation
- [ ] Injection
- [ ] Jaw Pain (TMJ)
- [ ] Joint/Muscle Pain
- [ ] Lameness
- [ ] Laminitis
- [ ] Limitations in Motion
- [ ] Loss of Sensation
- [ ] Muscle Cramps
- [ ] Nerve Damage
- [ ] Nervous System Disorder
- [ ] Open Wound
- [ ] Orthopedic Disorder
- [ ] Osteoporosis
- [ ] Phlebitis
- [ ] Poor Circulation
- [ ] Pregnant or Nursing
- [ ] Recent Surgery
- [ ] Respiratory Condition
- [ ] Sensory Loss
- [ ] Skin Issues
- [ ] Spinal Problems
- [ ] Stress
- [ ] Tendonitis
- [ ] Ulcers
- [ ] Other _____

Details for any of the above _____

Is your horse currently taking any medications? ☐ Yes ☐ No

_____

How would you describe your horse's daily temperament?

_____

How often is your horse ridden, shown or stalled during the week?

_____

_____

By signing below I agree to the following:

The information I have provided regarding my horse's medical history is accurate to the best of my knowledge.
I understand the information given pertaining to the requested treatment/s and confirm that my horse not have any condition/s that would make the treatment/s unsuitable.
I understand that equine massage is not a substitution nor replacement for proper veterinary care and will consult with my veterinarian of any changes to my horse's health.

Client Signature: _____ Date: _____

Equine Massage Consent Form

Please read and initial each of the following statements:

I understand that massage therapy may provide benefits for certain conditions which may include relief of muscular tension, relaxation, improvement of circulation, reduction in the symptoms of stress-related conditions and provision of general wellbeing. but results are not guaranteed.

I understand that side effects of massage therapy may include muscle soreness and swelling amongst other possible temporary outcomes.

I understand the qualifications and training obtained by the equine massage therapist and will not hold the therapist liable for any injury or illness my horse acquires during the course of massage treatments.

I am aware that the equine massage therapist is not qualified to diagnose, prescribe or physically perform spinal or skeletal adjustments.

The equine massage therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I am aware of cancelation policies as well as the time in which payment of services is due and agree to pay all sessions in a timely manner.

I have consulted with my horse's Veterinarian about any and all contraindications to massage therapy and my horse has been cleared for massage by a licensed Veterinarian.

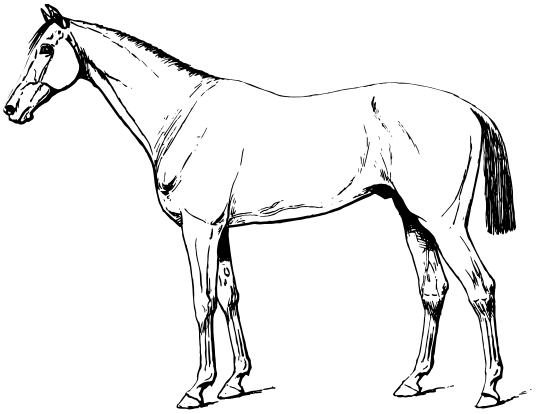
By signing below I agree to the following:

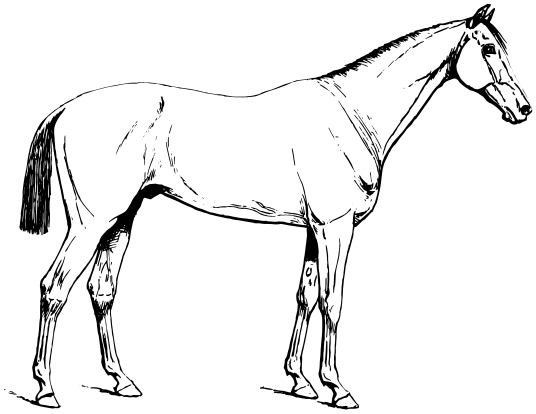
I confirm that I am the owner of the equine stated on the intake form above.
I will uphold all policies and procedures provided by my equine massage therapist so long as my horse is receiving massage treatments.
I waive all liability towards my therapist for any incidents that may occur while on my property.

NAME PRINTED **SIGNATURE** **DATE**

Equine Treatment Form

HORSE NAME: DATE:





REASON FOR TREATMENT

- ☐ Enhance Exercise Performance
- ☐ Increase Range of Motion
- ☐ Promote Relaxation
- ☐ Reduce Muscle Tension
- ☐ Relieve Back Soreness
- ☐ Relieve Neck Soreness
- ☐ Relieve Hind Soreness
- ☐ Trigger Points
- ☐ Other

MASSAGE TECHNIQUES USED FOR THIS SESSION

NOTES

Therapist Signature

Equine Treatment Form

HORSE NAME: DATE:

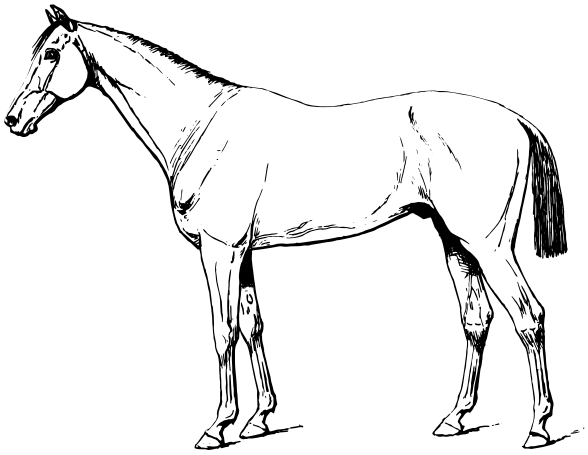
EVALUATION

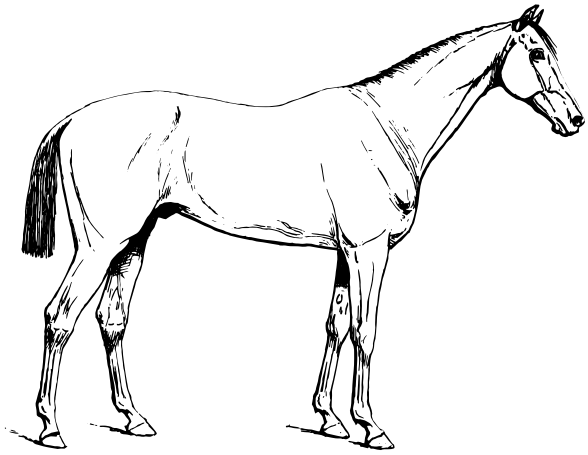
ASSESSMENT

PLAN

☐ **STRETCHES** ☐ **OWNER MASSAGE** ☐ **VETERINARIAN CONSULATION**

☐ **EXERCISES** ☐ **HAND WALK** ☐ **TURN OUT**





SOAP NOTE

HORSE NAME:_____ DATE:_____

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLAN

_____

THERAPIST SIGNATURE

Veterinary Referral Form

OWNER INFORMATION

Name		Phone
Address		
City	State	Zip Code
Email		

EQUINE INFORMATION

Name			Breed
Sex	D.O.B.	Height	Weight

VETERINARIAN INFORMATION

Referring Veterinarian		
Practice Name		
Address	City/State	Zip Code
Email		

VETERINARIAN NOTES:

_____

_____

_____

_____

As the licensed Veterinarian for the equine stated on this form, I confirm there are no concerning conditions that contraindicate massage therapy.

_____ _____

VETERINARIAN SIGNIATURE **DATE**

Equine Treatment Record

OWNER NAME: HORSE NAME:

DATE	TREATMENT DETAILS	PRICE	PAID