

# *Soothing Touch Equine Massage*

## Equine Health & Background Information

<b>HORSE</b>	
Name _____	Age _____ Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/>
Breed _____	Color _____
Description _____	
Notes _____	

<b>OWNER</b>	
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/arthritis	<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: \_\_\_\_\_

**Massage is not a substitute for veterinary medicine**