



Client Name: _____

Email Address: _____ Phone Number: _____

Horse Address: _____

Horses Name: _____

Horse Age: _____ Horse Breed: _____ Sex: _____

Veterinarian: _____

Date of Last Vet Exam: _____ Date of Last Dental Exam: _____

Any Previous Injuries: _____

Discipline: _____ Has Horse Been Massaged Before: _____

Reasons For Massage: _____

Comments: _____

I understand that massage or other modalities are never a replacement for proper veterinary care. I understand that **Marie VanDenburgh** will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe any medication, nutraceuticals or supplements for my horse. If my horse is currently being seen by a veterinarian, I have cleared this work with the attending veterinarian to ensure body work at this time is appropriate for the horse.

OWNER'S SIGNATURE:

_____ DATE: _____