

New Client Intake

In Good Hands: Equine Massage Therapy
Anna Eklund
(719) 337-0671 ● ingoodhandsanna@gmail.com

Horse Owner/Agent Information

Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Preferred Method of Contact (circle one or more)

Email

Mail

Phone-Call

Phone-Text

Horse Information

Name: _____ Breed: _____

Age: _____ Sex: _____ How long have you owned this horse? _____

Current Veterinarian/Hospital: _____

Current Veterinarian/Hospital Phone Number: _____

Housing Situation (stall, turnout, pasture, etc.): _____

Most recent:

Farrier Appointment: _____

Dental Exam: _____

Saddle and Tack check or fitting: _____

Veterinarian Visit: _____

Reason for Veterinarian Visit: _____

Other than your veterinarian, is your horse under the care of any other equine healthcare professional?
(acupuncturist, chiropractor, homeopath, other bodyworker, etc.) Yes / No

What type? Most recent appointment? _____

In what disciplines/activities do you and your horse participate? _____

What are your primary concerns that wish to be addressed? _____

What are your goals for your horse? _____

Is there anything else you'd like me to know? _____

Waiver and Agreements

- I understand that the above-named Equine Massage Therapist is not a veterinarian, and equine massage is never a replacement or alternative for veterinary care.
- I understand that the above-named Equine Massage Therapist will not diagnose conditions, attempt chiropractic practice, nor prescribe medications or supplements for my horse.
- If I have any concerns regarding my horse's health, it is my responsibility to contact my veterinarian.
- If my horse is currently being seen by a veterinarian for the recovery from illness or injury, I have consulted and cleared this bodywork with the veterinarian to ensure that massage is appropriate for my horse at this time.
- I hereby RELEASE, WAIVE and FOREVER DISCHARGE the above-named Equine Massage Therapist from all claims, demands, actions and causes of any kind or nature.

I, _____ (print name), being the authorized Owner or Agent of this horse, have read and understand the information of this form, and consent that all statements above are true. I consent to promptly notify the above-named Equine Massage Therapist of any changes or updates.

Owner/Agent Signature: _____ Date: ____/____/____