Client Information

Horse_____ Owner _____
Breed _____ Phone Number _____
Color _____ Address_____
Discipline _____ Email _____
Age_____ Height_____ Gender_____
Veterinarian_____

Has your horse ever received massage or bodywork before? Yes / No

What is the purpose of this session?

- ☐ Regular maintenance
- ☐ Special occasion “Spa treatment”
- ☐ Lameness or injury
- ☐ Other :

_____
_____

Other than your vet, is your horse under the care of any other equine healthcare professional(s), such as an acupuncturist, chiropractor, homeopath, other bodyworker, etc.?

_____
_____

What are your current concerns with regards to your horses health and performance? (reluctance in performance, noticeable imbalances, discomfort or “crankiness,” etc)

_____
_____

Any notable long- or short-term health issues, injuries, or behavioral concerns? Have they been resolved?

_____
_____

Behavior that may pertain to the treatment of your horse (biting, kicking, stomping, striking)

_____

_____

When was your horse last shod or trimmed?_____
When were your horse's teeth last addressed?_____
When were the saddle & tack last checked? _____
When was the last time your horse was seen by a vet and why? _____

Working demands (How many rides/workouts weekly, duration, intensity)

_____

_____

What are your goals for your horse (e.g. in training, competing, health, etc.)?

_____

_____

Anything else? Please feel free to add any other comments!

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