

3B's Equine Massage Therapy Health History Form

Date: _____ Owners Name: _____ Phone Number: _____

Equine Name: _____ Stable Name: _____

Breed: _____ Stable Phone Number: _____

Discipline: _____ Vet Name: _____

Age: _____ Vet Phone Number: _____

Height: _____ Weight: _____

Body Condition: Please circle one that applies: Low Moderate High Overweight Underweight

Areas of concern: Please indicate any areas of concern or any issues that may have been diagnosed by the Veterinarian. Please also indicate when or how the area(s) of concern may have happened.

I certify that the above information is correct to the best of my knowledge. I will not hold my equine massage therapist or any member of his/her staff responsible for any errors or omissions that I may have made in the completion of this form.

I have disclosed all medical conditions that I am aware of and will inform my equine massage therapist of any changes in the horse's health status. I understand that equine massage practitioners do not diagnose illness, disease or any physical or emotional disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis.

I understand that I am responsible for any charges incurred during my equine's treatment.

I also understand a 24-hour notice is required when canceling an appointment via text, email, or phone. If I am unable to make my appointment due to an emergency or illness the day of, I will contact Vicki Buelow as soon as possible. I understand all appointments not canceled prior to 24-hours may be charged the original cost, to be added during my next service. I also understand that any missed appointment with no notice will be charged in full and will need to be paid during my next visit.

Can images of your horse be used for social media? Yes/No _____ (Initials)

Date: _____ Signature: _____