

INTAKE FORM: History & Current Health

ALOGO Equine Massage Therapy
Heather Bromley, Equine Massage Therapist
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Name of Owner: _____ Date: _____

Barn Name/Address: _____

Email: _____ Phone: _____

About Your Horse

Horse's Name: _____ Breed: _____

DOB: _____ Sex: _____ Height: _____ Weight: _____

When did you purchase the horse? _____

Current Veterinarian or Hospital: _____ Phone: _____

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

What is your horse's current feeding program? (Including and medications, nutraceuticals or supplements)

Please describe your horse's housing (stall, turnout, etc.)

When was your horse last shod or trimmed & by whom? _____

When were your horse's teeth last addressed & by whom? _____

When was your horse last vaccinated & with what? _____

When were the saddle & tack last checked? _____

When was the last time your horse was seen by a vet and why?

In what discipline(s) is your horse currently trained and are you aware of previous training in any other disciplines?

What is your horse's current training or conditioning program and by how many people is he/she ridden?

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

Disclaimer

I, being the authorized agent or owner of this horse, have read & understood the information on this form. I acknowledge that bodywork is NOT a substitute for veterinary care and that it is my responsibility to consult with a veterinarian regarding care for my horse. I HEREBY RELEASE, WAIVE & forever DISCHARGE the above-named Massage Therapist and company from all claims, demands, actions & causes of action of any kind or nature.

Signature of Owner or Primary Caregiver: _____

Printed Name: _____ Date: _____