

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?

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.)

Please understand that appointment times are limited. If you must cancel your appointment, we respectfully request 24 hours' notice. Missed appointments or appointments cancelled without 24 hours' notice will incur a fee of \$35. *No future appts will be made until this fee is paid.*

There will be a grooming fee of \$10 for horses who are very dirty. Horses need to be dry and free of any mud from the knees/hocks up.

Pictures and videos of your animal may be used for promotional and marketing purposes.

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: _____

Reset

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