

PEMF THERAPY: Consent & Waiver Form

ALOGO Equine Massage Therapy

Heather Bromley, Equine Massage Therapist · PEMF Practitioner
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About Your Horse

Horse's Name: _____

Breed: _____ Sex: _____

Age / DOB: _____ Height / Weight: _____

Discipline / Use: _____

Current Veterinarian or Hospital: _____ Vet Phone: _____

Health Disclosure — Required for PEMF Eligibility

PEMF (Pulsed Electromagnetic Field) therapy is a non-invasive wellness modality. The conditions below are CONTRAINDICATIONS — PEMF cannot be performed if any apply. Please check all that are relevant to your horse:

- Pregnancy (mare in foal, any stage)
- Active bleeding or recent (<30 days) major surgery
- Acute infection or fever
- Active cancer or undiagnosed tumor / mass
- Implanted electronic device (pacemaker, insulin pump, neuromodulator, etc.)
- Any internal metal implant near treatment area (pins, plates, screws)
- Active fracture, not yet stabilized by vet
- Recent corticosteroid injection (<7 days) in area to be treated
- Other condition under active veterinary management — please note below

Notes / additional conditions:

Current Medications & Supplements

List any medications, joint injections, NSAIDs, or supplements your horse currently receives:

Name of Owner: _____

Barn Name / Address: _____

Email: _____ Phone: _____

Understanding the Therapy

I understand that PEMF (Pulsed Electromagnetic Field) therapy uses low-frequency electromagnetic pulses, applied via a MagnaWave or similar device, to support equine wellness. PEMF is considered a wellness modality and is NOT a substitute for veterinary care, diagnosis, or treatment of any medical condition.

The therapist (Heather Bromley) makes no claim that PEMF will diagnose, cure, treat, or prevent any disease or injury. PEMF is intended to support circulation, recovery, and general comfort.

Acknowledgments & Initials

Please INITIAL each line to indicate you have read and understood:

- _____ I have read the health disclosure on page 1 and confirm that none of the listed contraindications apply to my horse, or I have disclosed any condition that may. I will inform the therapist if my horse's health status changes.
- _____ I understand PEMF therapy is a wellness service and is not a substitute for veterinary care. I have not been advised by the therapist to discontinue any veterinary treatment.
- _____ I understand sessions may produce visible muscle twitches as the body absorbs the pulse. This is expected and not painful.
- _____ Appointment times are limited. If I must cancel, I will give 24 hours' notice. Missed appointments or cancellations inside 24 hours incur a \$35 fee. No future appointments will be made until the fee is paid.
- _____ Horses must be dry and free of mud from the knees/hocks up. A \$10 grooming fee applies to very dirty horses.
- _____ Pictures and videos of my horse may be used for promotional and marketing purposes by Alogo Equine Massage Therapy.

Release & Waiver

I, being the authorized agent or owner of this horse, have read and understood the information on this form. I acknowledge that PEMF therapy and equine bodywork are NOT a substitute for veterinary care and that it is my responsibility to consult with a veterinarian regarding the care of my horse.

I HEREBY RELEASE, WAIVE, and forever DISCHARGE the above-named therapist (Heather Bromley) and Alogo Equine Massage Therapy from all claims, demands, actions, and causes of action of any kind or nature arising from the services described herein.

Signature of Owner or Primary Caregiver: _____

Printed Name: _____ Date: _____

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