Equine Bodywork

Melissa Galentine, CEMT
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Waiver

Horse's Name:_____ Breed:_____

Age: _____ Gender: _____ Height: _____ Weight: _____

Name of Owner: _____

I, _____ give the equine body worker, Melissa Galentine, permission to perform bodywork on the horse referenced above. I understand that equine massage therapy and other modalities that may be used are never a replacement for proper veterinary care. I understand that my equine massage practitioner will not diagnose conditions, attempt chiropractic adjustments, nor prescribe medications, or supplements for my horse. I understand that any information provided by Melissa Galentine is for educational purposes only, and is not diagnostically prescriptive in nature. If my horse is currently being seen by a veterinarian for the recovery from a medical condition or injury, I have cleared this work with him/her to ensure that bodywork is appropriate for my horse at this time. I understand that bodywork is NOT a substitute for veterinary care, and that it is my responsibility to consult with a veterinarian regarding complementary care for my horse.

I affirm, being the authorized agent or owner of this horse, that I have provided and understand all relevant information on this form. I agree to update Melissa Galentine when new information is acquired. I HEREBY RELEASE, WAIVE and FOREVER DISCHARGE the above named Equine Massage Therapist from all claims, demands, actions, and causes of action of any kind or nature.

Signature of Owner or Primary Agent/Caregiver: _____

Printed Name: _____ Date:_____