Equine Bodywork

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INITIAL HISTORY

Horse's Name:_____ Breed:_____

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

How long have you owned or cared for this horse?_____

Current Veterinarian: _____ Phone: _____

When was this horse last seen by the vet and why? _____

_____

Approximate date of last dental exam?Any issues? _____

_____

Has your horse ever been diagnosed or suspected of having gastric ulcers? _____

Current Farrier: _____ Phone: _____

When was this horse's feet last trimmed or shod? _____

Primary reason for appointment: _____

_____

When were the saddle and tack last checked? _____

Is your horse sensitive to being:

_____Girthed up

_____ Touchy around head/ear/poll

_____Groomed over back

_____Grooming over hind end

_____Grooming over ribs/barrel

_____Touched over stifles

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

_____

_____

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

_____

_____

_____

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

_____

_____

_____

Other than your vet, is this horse under the care of any other equine healthcare professional(s), such as acupuncturist, chiropractor, homeopath, other bodyworker, etc?

_____

_____

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

_____

_____

Anything else you would like to comment on concerning this horse?

_____

_____

_____

_____

Name of Owner: _____

Address of Owner: _____

Street/Apartment #

Address of Owner: _____

City/State/Zip

Email Address of Owner: _____

Barn Name/Address: _____

Phone:

Cell: _____ Home: _____ Work: _____

Authorization for equine body work has been given by the attending veterinarian for this horse.

Signature: _____ Date:_____

Owner or Authorized caregiver