

Equine Bodywork Intake Form

Date: _____

Owner's name: _____ Phone: _____

Email: _____

Owner's Address: _____ City: _____ Zip: _____

Name of horse: _____

Birthday/Age: _____ Sex: _____ Breed: _____ Color: _____

Height: _____ Discipline: _____

Farm boarded: _____

History of horse (past activities, injuries):

Current health concerns:

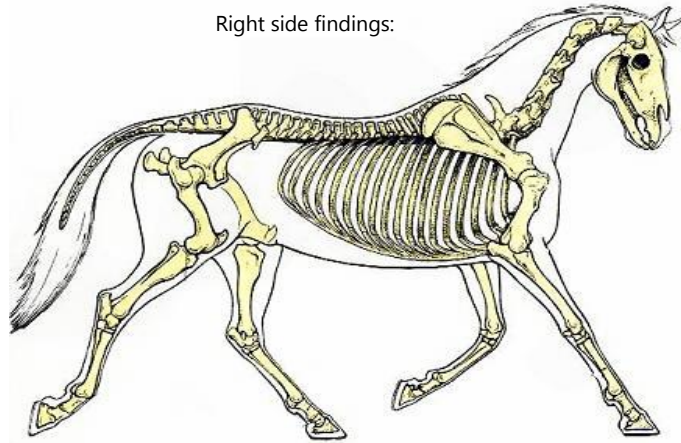
Current treatments:

Chiropractics	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Massage Therapy	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Kinesiotaping	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
PEMF	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Acupuncture	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Red Light Therapy/Cold Laser	as needed <input type="checkbox"/>	weekly <input type="checkbox"/>	bi-weekly <input type="checkbox"/>	monthly <input type="checkbox"/>
Others:				

Current Medications, Supplements:

Please do not write below this line

Right side findings:



Left side findings:

