Equine Bodywork Intake Form

Owner's name:_____ **Phone:**_____

Email:_____

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

Name of horse: _____ **Birthday/Age:**_____

Sex:_____ **Breed:**_____ **Color:**_____ **Height:**_____

Discipline:_____

Farm boarded: _____

Past and current activities:

_____

_____

_____

_____

_____

Is the horse under current veterinary care? **Yes** ☐ **No** ☐

Name of veterinarian: _____

Current Health Concerns:

_____

_____

_____

_____

_____

Past Injuries:

_____

_____

_____

_____

_____

Current Medications, NSAIDS (Bute), Steroids (Prednizone, Dexamethazone), Muscle Relaxants, Supplements, etc.:

_____

_____

_____

_____

_____

Is the horse sensitive to touch in any areas? **Yes** ☐ **No** ☐

If you answered yes, please indicate the sensitive areas:

_____

_____

Complementary Therapies:

Chiropractics	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐
Massage Therapy	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐
Kinesio Taping	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐
PEMF	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐
Acupuncture	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐
Red Light Therapy/Cold Laser	as needed ☐	weekly ☐	bi-weekly ☐	monthly ☐

Others:

Equine Bodywork (Massage Therapy, CranioSacral Therapy, Acupressure, Kinesio Taping, Red Light Therapy, etc.) is not a substitute for veterinary care. Equine bodyworkers will not diagnose any condition of the horse or prescribe medication of any type. I understand that it is my responsibility to consult with a veterinarian regarding complementary care for my horse.

Limitation of Liability:

In no event, and regardless of cause, shall either InSync Equine LLC or any of InSync Equine LLC's affiliates, employees, representatives, officers, directors, members, contractors or subcontractors be liable to client for indirect, special, incidental, consequential or exemplary damages. In no event shall service provider's aggregate liability arising out of or related to this agreement, whether arising out of or related to breach of contract, tort or otherwise, exceed fees received during the 1 month period immediately preceding the event giving rise to such claim.

_____ _____

Signature of Owner **Date**

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