EQUINE HEALTH & BACKGROUND INFORMATION

CLIENT	HORSE	
MOBILE	AGE	
E-MAIL	M/G/S	

YARD ADDRESS AND CONTACT		
VET ADDRESS AND CONTACT		
VACINATIONS	VACCINE DATE	
MEDICATIONS		
DISEASES	IF YES WHAT/WHEN	
SURGERIES	IF YES WHAT/WHEN	
INJURIES	IF YES WHAT/WHEN	
LAST SEEN BY THE VET	IF YES WHEN	
IS YOUR HORSE CURRENTLY	PLEASE STATE REASON	
UNDER VET CARE		

IF YOUR HORSE IS CURRENTLY UNDER VET CARE PLEASE MAKE SURE THAT YOU ASK FOR THE VET CONSENT FORM TO BE FILLED IN BY YOUR VET PRIOR TO A SESSION

PLEASE CHECK ANY BOX BELOW THAT MAY APPLY TO YOUR HORSE

JOINT	METABOLIC	ALLERGIES/HIVES	UNDIAGNOSED	
PAIN/SWELLING	ISSUES		LAMENESS	
ARTHRITIS	SKIN SENSITIVITY	UNDIAGNOSED	ANXIOUS	
		LUMPS		
DISC/VERTABRAE	LAMINITIS	IN FOAL	NERVOUS	
ISSUES				
DIGESTIVE ISSUES	FOOT ISSUES	NERVE DAMAGE	AGGRESSIVE	
EYE ISSUES	LEG FILLING	NEWLY HEALED AREA	UNHANDLED	

DO I HAVE PERMISSION TO CONSULT WITH YOUR VETERINARIAN REGARDING YOUR HORSES MEDICAL HISTORY? YES/NO

DO YOU UNDERSTAND THAT I MAY REFER YOUR HORSE BACK TO THE VET FOR FURTHER INVESTIGATION YES/NO

PLEASE NOTE IT AGAINST THE LAW FOR ANYONE OTHER THAN THE VET TO DIAGNOSE YES/NO

I HERBY STATE THAT ALL CONDITIONS LISTED OR CIRCLED ABOVE HAVE BEEN DIAGNOSED OR CONSULTED ON BY A VETERINARIAN YES/NO

BY SIGNING THIS RELEASE, I HEREBY WAIVE AND RELEASE THE BODYWORK PRACTITIONER FROM ALL LIABILITY, PAST, PRESENT AND FUTURE

SIGNATURE;

DATE;