

CS Performance Horses Equine Sports Massage  
Intake Form: Equine Massage Therapist  
715-307-8201  
[csperformancehorses390@gmail.com](mailto:csperformancehorses390@gmail.com)

Name of Owner: _____	Date: _____
Barn Name/Address: _____	
Home Address: _____	
Email: _____	Phone: _____

Horse's Name: _____	Breed: _____	DOB: _____
Sex: _____	Height: _____	Weight: _____

Current Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What is the Purpose of this session? \_\_\_\_\_

Any notable long – or – short term health issues, injuries or behavioral concerns?

\_\_\_\_\_

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

\_\_\_\_\_

When was your horse last shod or trimmed? \_\_\_\_\_

When were your horses teeth last addressed? \_\_\_\_\_

When were the saddle and tack last checked? \_\_\_\_\_

When was the last time your horse was seen by a vet and why? \_\_\_\_\_

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 your horse under the care of any other equine healthcare professionals? Such as an acupuncturist, chiropractor, homeopath or other body worker etc.?

What are your goals with your horse(s)?

Anything else? Please feel free to add any other comments!

Disclaimer: I understand that equine sports massage therapy is never a replacement for proper veterinary care. I understand that my practitioner will not diagnose conditions, attempt chiropractor adjustments, nor prescribe medications, or supplements for my horse. If my horse is currently being seen by a veterinarian for the recovery from illness or injury. I have cleared this work with him/her to ensure that massage is at this time appropriate for my horse. I, being the authorized agent or owner of this horse, have read and understand the information on this form. I understand that massage is NOT a substitute for veterinary care, and that it is my responsibility to consult with a veterinarian regarding complimentary care for my horse. I HEREBY RELEASE, WAIVE and FOREVER DISCHARGE CS Performance Horses Equine Sports Massage from all claims, demands, actions and causes of action of any kind of nature.

Signature of Owner or Primary Caregiver:

Printed Name:

Date: