



Horse's Name _____
Breed _____
Age _____ Sex _____

Owner _____ Address _____
Phone _____ Vet _____ Farrier _____

Has a veterinarian diagnosed, or has the horse shown signs of, any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Local acute inflammation (pain, heat, swelling) | <input type="checkbox"/> Infectious bone or joint diseases |
| <input type="checkbox"/> Skin lacerations, ulcerations, infections, rashes | <input type="checkbox"/> Elevated body temperature; fever |
| <input type="checkbox"/> Lymphoma, malignant growths or tumors | <input type="checkbox"/> Recent / acute injury |
| <input type="checkbox"/> Recent bruises / contusions | <input type="checkbox"/> Vascular disease or heart problems |

The items listed above are contraindications to massage. If you have checked any one of these you are advised to obtain veterinary permission/consultation prior to preceding with any massage work or other adjunctive therapies.

General state of health (include any health problems, recent illnesses, diseases, etc.)
Discipline (e.g., Hunter/jumper, Dressage, Eventing, Cutting, Team Penning, Schooling)

Past Use _____ Current Use _____

Frequency of training / conditioning _____

Place an "X" in the box next to the *most used* type of terrain and a "✓" in those that are used *occasionally*

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Arena | <input type="checkbox"/> soft footing | <input type="checkbox"/> hard footing |
| <input type="checkbox"/> Up/down hill | <input type="checkbox"/> sand | <input type="checkbox"/> cement/tarmac |
| <input type="checkbox"/> Trail | <input type="checkbox"/> grass | <input type="checkbox"/> other |

Post injury massage

Type / extent of injury? _____ When did injury occur? _____

Veterinary Diagnosis? _____ Medications _____

Have you consulted with your vet regarding massage or adjunctive therapy? Y / N

Preventive Massage

Reason(s) you have chosen massage: _____

Does the horse exhibit any of the following problems?

- | | | |
|---|---|---|
| <input type="checkbox"/> Stiff or one-sided | <input type="checkbox"/> Resents girthing / saddle | <input type="checkbox"/> Carries head & neck crooked |
| <input type="checkbox"/> Lugs on the bit | <input type="checkbox"/> "cold-backed" | <input type="checkbox"/> Head tossing |
| <input type="checkbox"/> Above the bit | <input type="checkbox"/> Refuses / resists carriage | <input type="checkbox"/> Carries tail to one side |
| <input type="checkbox"/> Behind the bit | <input type="checkbox"/> Off stride | <input type="checkbox"/> Resents training / ridden work |

How did you hear about Major's Horse Massage? _____

Owner's Signature _____ Date _____