Equine Massage Therapy Information & Waiver

Client Name: _____

Barn Name: _____

Barn Owner: _____

Barn Address: _____

Client Phone #_____ Barn Phone #_____

Name of Horse: _____ Breed: _____Colour: _____

Age: _____ Height: _____ Riding Discipline: _____

Training Schedule: _____

_____

Feed: _____

Vices/Pre-Existing Conditions: _____

_____

Owner's Observations/Complaints: _____

_____

_____

_____

Cost per Session: $_____ Mileage Charge per Session: $_____

I, the undersigned, as the owner/guardian of the animal listed above, do hereby give consent for soft tissue work.

Unless, the therapist receives written notice from the above named owner, this consent to work on said animal will allow for continuing soft tissue work without continual written consent from the owner/guardian.

Any pictures taken are the exclusive property of the therapist and may be used at their discretion for any purpose.

I understand that following soft tissue work, the animal may exhibit signs of soreness for up to 48 hours, and this is a normal result of soft tissue work. Issues that are latent may show themselves. Examples include but are not limited to: An abscess that has not shown itself may erupt, a low grade cold/flu may become high grade resulting in a high temperature, excessive mucus expulsion, etc. Any metastasizing tumors may/can spread.

_____	_____	_____
Print Name	Signature	Date