

# Equine Massage Therapy

Mars | Venus Equi-Pro

Equine Name:

	Owner's Name	Referred By	
	Address	Email	
	Zip Code	Contact Number	

## Check your Wellness Package Options

First Time?	Continuous Visit Choices	Additional Fees
<input type="radio"/> Initial Massage	<input type="radio"/> Bi - Monthly	<input type="radio"/> Travel Fee
	<input type="radio"/> Tri - Monthly	<input type="radio"/> Barn Fee
	<input type="radio"/> Weekly	

*Note: Our equine massage therapy services are not intended for diagnosis or treatment of any medical conditions unless performed by a licensed veterinarian.*

- Reason for Massage?
  - Maintenance
  - Event/Special Occasion
- Is the horse currently under treatment by a vet for illness or injuries?
  - Yes
  - No

Any additional information: \_\_\_\_\_

Safety concerns, past behaviors/reactions: \_\_\_\_\_

*Disclaimer: I, the Client, understand that equine sports massage & bodywork is not a replacement or alternative for veterinary care. Massage practitioners/therapists cannot diagnose or treat illness or injuries. If concerned with the health of my horse I will consult with my vet. I give my consent for Casondra Rackley, Certified ESMT/CMT, to provide massage therapy services on my horse. I hereby release, waive, and forever discharge Casondra Rackley, CESMT/CCMT, from all claims, demands, actions, and causes of action of any kind or nature in relations to the services requested.*

*I have completed this form to the best of my ability and knowledge and agree to inform the massage therapist of any changes in the above information. I have been informed and understand the contradictions to the requested therapies and agree that my horse does not have any condition(s) that would make the requested treatment unsuitable.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date