

**Horse and Hound Wellness
Health Form and Consent for Bodywork**

Owner's Name:

Name of Horse:

Primary phone:

Age:

Gender:

Alternate phone:

Breed:

Color:

Home address:

Weight?

Hands:

Horse's location:

Aggressive behavior or vices? If so please list:

Alternate contact person/phone

Vet name:

Vet phone:

Reason for requesting bodywork for this horse?

Previous bodywork?

Previous illnesses or injuries?

Is the horse currently being treated for acute or chronic conditions by a vet?

Does the horse have any special preferences about touch, grooming, the way he/she is approached?

What is typical work week/exercise program for this horse?

Anything else you feel may be pertinent to share about this horse? (personality, aspects of his job relevant to bodywork, relationship with owner/caregiver, etc...)?

Owner's name (Print)

Owner's signature/Date

Name of alternate contact person (Print)

Relation to owner (caregiver, trainer, relative, etc.)

PAYMENT IN THE FORM OF CASH OR CHECK IS DUE AT THE TIME OF SERVICE

THANK YOU FOR CHOOSING HORSE AND HOUND WELLNESS