

MAGNAWAVE PEMF EQUINE SESSION

Date _____

Name _____

Address _____ City _____

State _____ Zipcode _____ Phone Number _____

Horse's Name _____ Email _____

Veterinarian & Contact Info _____

Has horse been or being treated for _____

EPM _____ Toxicity _____

Start Date of Treatment _____ End Date of Treatment _____

Brief description of why MagnaWave is being requested _____

Has horse had a recent injury? If YES, describe _____

Session # _____



Notes/Observations _____
