

EQUINE PEMF INTAKE FORM



stablewaves.com

Please complete and return prior to your PEMF session.

Horse

Name:

Breed:

Age:

Sex:

...

Has your horse received PEMF before? If yes, how did they respond?

What activities is your horse involved in?

Please list all current medications and/or allergies.

Are there any behaviors I should be aware of? This includes biting, kicking, inability to be tied, etc. (For Practitioner safety, only)

Do you have any concerns about your horse's health or behavior?

OWNER INFORMATION

Name:

Phone:

Email:

Address:

Location of horse:

STABLEWAVES EQUINE PEMF

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