

# ProPulsion Equine PEMF New Client Form -- EQUINE

MAGNAWAVE



Date\_\_\_\_\_

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Email\_\_\_\_\_

Please email me about special offers and events: Yes\_\_\_ No\_\_\_

Phone\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Horse's boarding location\_\_\_\_\_

Horse's name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Breed\_\_\_\_\_

Is this horse currently in regular work? Discipline(s):\_\_\_\_\_

Horse's current medications\_\_\_\_\_

\_\_\_\_\_ Is the horse pregnant?\_\_\_\_\_

Has horse had a recent injury? If YES, describe\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any significant medical history\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the horse ever been treated for EPM? Yes\_\_\_ No\_\_\_ If yes, when?\_\_\_\_\_

Has this horse ever been de-nerved? (Please specify limb(s))\_\_\_\_\_

Does this horse have an auto-immune condition or is taking immunosuppressant

drugs?\_\_\_\_\_

Brief description of why Magnawave is being requested\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the horse received PEMF treatment before? Yes\_\_\_ No\_\_\_ If yes, when?\_\_\_\_\_

Are you okay with pictures of your horse being posted on ProPulsion Equine's website,

marketing documents, and social media channels? Yes\_\_\_ No\_\_\_