



Client Onboarding Form

Horse Name:	Age:
Breed:	Height:
Owner Name:	Mare / Gelding / Stallion:
Telephone:	
Email:	
Address of Yard:	
Veterinary Practice:	

Please Indicate any Veterinary History/Referrals or ongoing treatment: Including any current medication, Abcesses, Laminitis, Surgery etc.

Prior to the session, I will assess the horse statically and dynamically in the safest way possible. This will involve a walk and trot up on a hard surface if safe to do so. The Deep tissue sports massage treatment will take around 1 hour and you will receive a post massage report of findings. This is sent to you via the Equigate app, where you can keep in touch with me confidentially and receive your reports post massage. This does include using your details provided above to set up a client profile. Please indicate below if you do not wish to do this.

In the event that I require veterinary consent prior to massage, I will contact your veterinary practice and request veterinarian consent on your behalf to treat your horse prior to the appointment.

By signing below, you agree to the above statements and accept I will be performing bodywork in the form of deep tissue sports massage on the above-named horse.

PLEASE SIGN HERE.....

Please Indicate if you are happy for me to take pictures/videos of your horse and use these on social media pages: Y / N

Please email this form to: Charlottepalfrey27@gmail.com

Thankyou.