



Demi Equine Massage

Equine Intake Form

Observation-Based Equine Massage & Bodywork

Horse Name: _____ Age: _____ Breed:

Owner/Handler Name: _____ Phone:

Email: _____

Barn / Location Address:

Veterinarian Name: _____ Phone:

Farrier Name: _____ Last Trim/Shoe Date:

Current Workload / Activities: _____

Known Injuries or Health Concerns: _____

Previous massage or bodywork? Yes No

Goals for This Session:

Additional Notes:
