



WWW.MANEMOTIONEQUINE.COM

INTAKE AND CONSENT



MANE MOTION EQUINE, LLC

Integrated Equine Performance Bodywork

Solveig Aycock - 919.923.5709

manemotionequine@gmail.com

Your Name: _____

Horse's name: _____

Your Address: _____

Horse's Breed: _____

Age: _____ **Sex:** _____ **Color:** _____

Best Contact number: _____

Height: _____

Email Address: _____

How long have you owned/cared for this horse: _____

How do you use this horse? (Discipline): _____

Has your horse recently suffered an injury or illness, recently had surgery, or received seasonal shots? _____

Please include any relevant medical history or condition: _____

Is your horse currently on pain medication: _____

Dental cycle (any issues?): _____

Shoeing Cycle: _____

Saddle Fitting: _____

Does your horse bite, kick, spook easily or is head shy: _____

Does your horse tie or crosstie? _____

Please describe concerns (i.e. sensitivity to being girthed, groomed over ribs/barrel or head), any performance issues :

Has your horse been off property, at shows, out of state, or in contact with horses that are not yours in the last 2 weeks?: _____

This consent form will apply to all equine bodywork/energy work sessions from this date forward unless revoked in writing.

LIABILITY DISCLAIMER:

Working with any animal involves inherent risk. The owner shall agree to not hold MME(Mane Motion Equine, LLC) responsible for any injury or condition that may occur to their animal. MME agrees not to hold the owner responsible for any injury that may occur to them during the appointment; (e.g. from a bite or kick).

MME reserves the right to stop an appointment at any time if they feel their or the horse's safety is in question &/or if the horse is not responding appropriately.

EXISTING AND NEW MEDICAL CONDITIONS:

It is the responsibility of the client to keep MME informed of any medical treatment, current medications, or changes in the animal's health condition. If necessary, the client may be asked to obtain written permission from the veterinarian, chiropractor, physical therapist, or other health professionals that our services are safe to continue.

VETERINARY DISCLAIMER:

Massage and Bodywork are not, nor intended to be, a substitute for veterinary medicine. It is a complementary form of health care. The owner is advised to consult a veterinarian prior to the animal receiving services with any medical concerns or questions and/or to verify with the veterinarian that services are appropriate for the specific animal in question.

PAYMENT:

All payments must be paid to Mane Motion Equine, LLC in full after services are rendered, and may be paid via cash, Venmo, Zelle or check.

MME is a certified and insured Equine Bodyworker and Massage Therapist NOT a veterinarian and therefore is not able to answer any medical questions nor diagnose or treat any illness or disease.

CONSENT & RELEASE:

I, _____
(client name)

give the equine body worker, MME, permission to perform bodywork on this horse. I understand massage and other modalities that may be used are never a replacement for proper veterinary care. I understand that the equine bodyworker will not diagnose, attempt any adjustments or chiropractic care, or prescribe medications or supplements. If this horse is undergoing treatment for a medical condition, I have cleared this work with the attending veterinarian to ensure bodywork is appropriate to the horse at this time. I affirm that I have provided all relevant information and will update MME when new information is acquired.

I HAVE READ THE ABOVE AND AGREE TO ALL POLICIES AND RELEASE MME FROM ALL LIABILITIES.

SIGNATURE:

DATE:

I consent to allowing MME to use photos of my horse on social media/website: Yes: _____ No: _____



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