



(775) 4 DIVINE
(775) 434-8463

OWNER INFORMATION

Owner Name _____

Owner Address _____

City, State _____ Zip Code _____

Email _____ Phone _____

Barn Name _____

Barn Address _____

City, State _____ Zip Code _____

Barn Hours _____

HORSE INFORMATION

Horse's Name _____ Gender ☐ Gelding ☐ Mare

Breed _____

Horse's typical activity level ☐ Light ☐ Medium ☐ Heavy

Any current or previous medical or physical conditions we should be aware of? ☐ Yes ☐ No
If yes, please explain.

Any behavioral/aggressive issues (biting, kicking, etc.)? ☐ Yes ☐ No
If yes, please explain.

MESSAGE INFORMATION

Primary reason for massage? Areas of concern?

Has horse had previous massage work? ☐ Yes ☐ No
If yes, please describe any issue we should be aware of.

Will horse be treated in a stall or at a post? ☐ Stall ☐ Post

EQUINE MASSAGE IS NOT A SUSBSTITUTE FOR VETERINARY CARE