



Equine Massage/Muscle Therapy  
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Name of Owner: \_\_\_\_\_

Barn Name Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

When did you purchase this horse? \_\_\_\_\_

Current Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Farrier: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

When were horse's teeth last address and by whom? \_\_\_\_\_

When was your horse last vaccinated and what? \_\_\_\_\_

Any notable long or short term health issues, injures, or behavioral concerns: \_\_\_\_\_

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Has your horse ever had a massage? \_\_\_\_\_

Behavior in stall and crossies: \_\_\_\_\_

What is your horse's current feeding program (including medications and supplements): \_\_\_\_\_

Describe housing (stall, turn out, etc.) \_\_\_\_\_

When were the saddle and tack last fitted? \_\_\_\_\_

In what discipline(s) is your horse currently trained, and are you aware of previous training in any other disciplines? \_\_\_\_\_

Level schooled to: \_\_\_\_\_

What are your horse's current training or conditioning program, and how many people is s/he ridden? \_\_\_\_\_

Other than your vet, is your horse under the care of any other equine healthcare professional(s), such as acupuncturist, chiropractor, homeopath, other body workers, etc? \_\_\_\_\_

What are your goals for your horse (example: training, competing, health etc.)? \_\_\_\_\_

Are there any areas you feel he is currently sore/tight? \_\_\_\_\_

Other Comments: \_\_\_\_\_

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