



Equine Massage/Muscle Therapy
Andersonequinellc.com
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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 addressed and by whom? _____

When was your horse last vaccinated and what? _____

Any notable long or short term health issues, injuries, or behavioral concerns: _____

Has your horse ever had a massage? _____

Behavior in stall and crossties: _____

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: _____