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## Intake & History Form

### ***Client's Info:***

Full Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Preferred method of contact: \_\_\_\_\_

### ***Horse's Info:***

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ (years) Breed: \_\_\_\_\_  
Current Veterinarian: \_\_\_\_\_ Farrier: \_\_\_\_\_  
Trainer: \_\_\_\_\_ Other Team Members: \_\_\_\_\_  
How long have you owned this horse? \_\_\_\_\_ (years) Main Discipline: \_\_\_\_\_  
How competitively is the horse used: \_\_\_\_\_  
Horse's Training/Conditioning Program: \_\_\_\_\_

Goals for this horse: \_\_\_\_\_  
Any previous/current performance/health issues: \_\_\_\_\_

Any current medications, supplements, nutraceuticals: \_\_\_\_\_

When & why was this horse last seen by a vet: \_\_\_\_\_

Horse's feeding program: \_\_\_\_\_

Current housing/turn out schedule: \_\_\_\_\_

When were the horse's teeth last addressed: \_\_\_\_\_

Any personality traits/vices: \_\_\_\_\_

Is this session intended as part of your horse's well being protocol or do you have specific concerns and areas you would like addressed? \_\_\_\_\_

I understand that massage or other modalities are never a replacement for proper veterinary care. I understand that the Body Worker practitioner will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe medications, nutraceuticals or supplements for my horse. The use of products including but not limited to; essential oils, liniments, and ultrasound gel may be utilized as per the Bodyworker's discretion during sessions. I have notified the Bodyworker of any known sensitivities or allergies that may lead to my horse having a reaction to these products. If my horse is currently being seen by a veterinarian, I have cleared this work with the attending veterinarian to ensure body work is at this time appropriate for the horse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_