

HOLISTIC HORSE BODYWORKS
INITIAL OBSERVATIONS AND HISTORY



Horse's Name: _____ Breed: _____ Age: _____

Authorization for equine body work has been given by the attending veterinarian for this horse.

Signature: _____ **Date:** _____
Owner or authorized caregiver

Name of Owner: _____

Address of Owner: _____
Street/ Apt #

Address of Owner: _____
City/State/Zip

Email address of owner: _____

Phone: Work: _____ Cell: _____ Home: _____

Primary reason for session: _____

Any recent changes in food or water intake or digestion? If yes, please describe.

Any recent behavioral changes? If yes, please describe. _____

Current medical or dental issues: _____

List previous illnesses, injuries or surgeries and date(s): _____

Veterinarian (name and phone #):	Date and reason for last vet visit:
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Nutrition (food and schedule):	Water intake normal?
Current medications:	Current herbs/supplements:
Exercise/riding schedule:	Nipping, aggression, fear, cribbing, stall weaving, behavioral challenges? If yes, please describe.
Issues walking, trotting/jogging, cantering/loping? Issues picking up correct lead? If yes, please describe.	Previous acupuncture treatment? When?
Previous massage(s)? When?	Previous chiropractic adjustment(s)? When?
Other forms of complimentary medicine treatment received? If yes, please list type and date(s).	Most common footing(s) ridden on:
Saddle type (Western or English), brand and age. Please also indicate if shim(s) used, and if so, where and type.	Date of last saddle fitting. If no saddle fitting has been done, please indicate none.
Farrier (name and phone #):	Any shoeing/hoof issues?

If rider different from owner, please list the following:

Name: _____

Address: _____

Phone: Work: _____ **Cell:** _____ **Home:** _____

Email address: _____