

Nichole Snashall LMT, EBW (702) – 575 – 3519 cell

INITIAL INTAKE FORM: History and Current Issues

I understand that massage or other modalities are never a replacement for proper veterinary care. I understand that the Equine Body Worker practitioner will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe medications, nutraceuticals or supplements for my horse. 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.

OWNER'S SIGNATURE: _____ **DATE:** _____

Please email this first page to: NicholeSnashall@gmail.com or have it with you completed at the first visit.

Name of Owner/Farm: _____ **Phone:** _____

Address: _____

Email Address: _____

Horse Name: _____ **Breed:** _____ **Sex:** _____ **Age:** _____ **Ht:** _____ **Wt:** _____

If the horse is gelded, approximately when was this done? _____

If the horse is a male when was the sheath last addressed? _____

If the horse is a female has she previously foaled, in foal, has issues while in season and/or has a last reproductive exam? _____

Current Veterinarian or Vet Hospital: _____ **Phone:** _____

How long have you owned the horse?: _____

What are your goals for this horse?: _____

What has the horse done as far as other riding disciplines before you owned this horse? _____

What is your training or conditioning program? _____

Do you have any information as far as previous and current history, performance and health issues? _____

When was the last time your horse was seen by a veterinarian and why? _____

Is your horse on any current medications, nutraceuticals or supplements? _____

What is your horse's feeding program? _____

What the current housing or turnout for your horse? _____

When was your horse last shod or trimmed and by whom? _____

When were the teeth last addressed and by whom? _____

When was your horse last vaccinated or wormed and with what? _____

When was your saddle and tack last checked and by whom? _____

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? _____