

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?**