

**Anam Equine Massage Intake Form**

**Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_  
name  phone#  email (check preferred method of contact)

**Barn:** \_\_\_\_\_  
name address

\_\_\_\_\_   
barn contact phone# email

**Trainer** \_\_\_\_\_  
(if applicable) name phone# email

**Vet** \_\_\_\_\_  
name phone# email (if available)

**Horse** \_\_\_\_\_  
name year breed

**Color, Distinguishing marks** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Is your horse comfortable on crossies?** Y / N

**May I fly-spray your horse?** Y / N **May I give her/him treats?** Y / N

**Does she/he have any vices (biting, kicking, etc) that I should know about?** \_\_\_\_\_

**Horse discipline(s)** \_\_\_\_\_

**Health history:** *Please give a brief summary of any noteworthy physical or emotional issues your horse has experienced in the past, including injuries, digestive issues, illnesses, chronic conditions, and trauma/abuse (use back of page if necessary):*

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