

**THREE DIAMOND BODYWORK INITIAL INTAKE FORM:**

**History and Current Issues**



**NAME OF OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HORSE NAME:** \_\_\_\_\_ **BREED:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**CURRENT VETERINARIAN OR VET HOSPITAL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HOW LONG HAVE YOU OWNED THE HORSE?:** \_\_\_\_\_

**WHAT ARE YOUR GOALS FOR THIS HORSE?:** \_\_\_\_\_

**WILL THIS SESSION BE PART OF A WELLNESS PROTOCOL OR DO YOU HAVE SPECIFIC CONCERNS AND AREAS YOU WOULD LIKE ADDRESSED?**

\_\_\_\_\_

**DO YOU HAVE ANY INFORMATION AS FAR AS PREVIOUS OR CURRENT HISTORY, PERFORMANCE, AND HEALTH ISSUES?**

\_\_\_\_\_

**WHEN WAS THE LAST TIME YOUR HORSE WAS SEEN BY A VETERINARIAN AND WHY?**

\_\_\_\_\_

**CURRENT MEDICATIONS, NUTRACEUTICALS, OR SUPPLEMENTS?**

\_\_\_\_\_

**CURRENT FEEDING PROGRAM?** \_\_\_\_\_

**HOW MANY HOURS OF TURNOUT? \_\_\_\_\_ ALONE OR WITH OTHER HORSES?** \_\_\_\_\_

**WHEN WAS YOUR HORSE LAST SHOD OR TRIMMED AND BY WHOM?** \_\_\_\_\_

\_\_\_\_\_

**WHEN WERE TEETH LAST ADDRESSED AND BY WHOM?** \_\_\_\_\_

\_\_\_\_\_

**WHEN WAS YOUR SADDLE AND TACK LAST CHECKED AND BY WHOM?**

\_\_\_\_\_

I understand that massage and bodywork are never a replacement for proper veterinary care. I understand that EEBW, Lori Koblin, will not diagnose conditions, attempt any adjustments/manipulations or prescribe medications, nutraceuticals, or supplements for my horse. I have cleared this work with my veterinarian to ensure bodywork is appropriate for the horse at this time.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_