



HORSE BY NORTHWEST EQUINE MASSAGE
Tel 503.929.7087
amanda@horsebynorthwest.com

Guardian Name: _____

Address: _____

Telephone/Email: _____

Equine's Details

Name: _____ Age: _____

Color/Breed: _____ Sex: _____

I declare that I am the legal owner of the animal named above and that all the information shown on the form is correct. I have read and accept the Horse by Northwest terms and conditions, and give consent for my equine to receive massage from Horse by Northwest.

Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY EQUINE'S VETERINARIAN

Veterinarian Name: _____	Practice Stamp
Practice Address: _____	
Phone Number: _____	

Summary of equine's condition, areas of concern, comments, etc.

Medication(s), if any: _____

Please attach further notes for medical history, if needed.

I have examined the animal named above and I confirm that they are in a suitable state of health to receive massage.

Vet Signature: _____ **Date:** _____