



DONNA BAXTER EEBW

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INITIAL INTAKE FORM | History and Current Issues

I give the equine body worker, Donna Baxter EEBW, permission to perform bodywork on this horse. I understand massage and other modalities are never a replacement for proper veterinary care. I understand that the equine body worker will not diagnose conditions, attempt any adjustments/musculoskeletal manipulations or prescribe medications, nutraceuticals, or supplements for my horse. If this horse is undergoing treatment for a medical condition, I have cleared this work with the attending veterinarian to ensure bodywork is appropriate for the horse at this time. I affirm that I have provided all relevant information and will update the equine body worker when new information is acquired.

Guardian's Signature _____ **Date** _____

Guardian's Name (print) _____ **Mobile Phone** _____

Address _____

Email Address _____ **Preferred Method of Contact** Text ☐ Email ☐

Barn Owner's Name + Address _____

Horse's Name _____ **Breed** _____ **Sex** _____ **Age** _____ **Ht** _____

Veterinarian _____ **Phone / email** _____

Primary Use / Discipline _____ **How long has the horse been in your care?** _____

How often is this horse worked? _____

What are your goals for this horse? _____

Has this horse had any traumatic injury? Yes ☐ No ☐ **Describe** _____

Does this horse have any major medical conditions? Please list _____

Is this horse on any medication, nutraceuticals, or supplements? Yes ☐ No ☐

Please list names and what they are for _____

Is there anywhere this horse doesn't like to be touched? _____

Does this horse have any known behavioral issues (biting, kicking, charging, etc.)? _____

Is there anything else I should know about this horse? _____