

Jill Trueblood, LMT, LAMT  
Masterson Method ® Certified Practitioner  
MA00021830

*(Please feel free to use the back of this document for lengthy responses)*

Owner's Name:		Horse's Name:	
Address:		Home Phone:	
Email		Cell Phone:	
Sex: Stall/Geld/Mare	DOB/Age:	Breed:	Height/Weight:

1. How long have you owned the horse?

2. Current Veterinarian Name and Contact Info:

Do I have your permission to contact/authorization to discuss your horse with your veterinarian? Yes / No Please initial.

3. When was the last time your horse saw a vet and why?

4. Other than your veterinarian, has your horse been in the care of any other healthcare professional such as a chiropractor, acupuncturist, body worker, etc.? If so, when/who?

Do I have your permission to contact/authorization to discuss your horse with the listed providers? Yes / No Please initial.

5. Please list any short or long term health issues, injuries, performance and/or behavioral issues:

6. Do you have specific concerns you would like to address. Please be specific.

7. What are your goals for your horse? (ie competition, training, general health, etc.)

8. What is the current training program you have your horse in?
  
9. Are you aware of any previous training programs your horse was trained in before you owned him/her?
  
10. How many people ride and/or train your horse?
  
11. What is your feeding routine for your horse/what do you feed?
  
12. Is your horse on supplements or medications? Yes / No  
If yes, please list:
  
13. Please describe how your horse is housed? (stall, turnout, etc)
  
14. When was the last time your horse was treated by a farrier/trimmer? Barefoot / Shod — Any issues?
  
15. When were your horse's teeth treated and/or assessed and by whom? Any issues?
  
16. When was your horse last vaccinated and with what (West Nile, Booster, etc.):
  
17. What is your worming routine? Any past parasite issues?
  
18. Has your horse ever been assessed for other internal issues (i.e. ulcers, metabolic issues)?
  
19. Please describe the tack you use and your purposes for any additional equipment used:  
Western / English  
Saddle  
Bridle / Bit  
  
Other Equipment (side reins/tie-downs/boots/etc)
  
20. Has your saddle/tack ever been professionally assessed for fit? If yes, please describe...
  
21. Have you changed anything with your tack recently?

22. If the horse is a mare, is she in foal, has she ever foaled, or has she ever had reproductive issues?

23. Do you, as the rider (or any other current riders), have any postural imbalances, compensation issues or previous injuries that may be a factor in your horse's movement under saddle?

Please feel free to add additional comments or anything I may need to know (i.e. any recent changes in food or water intake/digestion, behavioral changes, reactive when tied, head shy, safety concerns, reactions to other handlers, vices, etc.):

I understand that equine bodywork is not a replacement for veterinary care and bodywork practitioners cannot diagnose or treat illness. Always consult your veterinarian before choosing any alternative/complementary therapy. I understand that equine bodywork is intended as a maintenance modality to enhance performance in the healthy horse.

I have completed this form to the best of my knowledge and will keep the practitioner updated with any changes in the information provided here. I give my consent for Jill Trueblood, LMT, LAMT, to provide bodywork services on my horse.

Signature: \_\_\_\_\_

Date: