



Client Intake Questionnaire

First Name

Last Name

E-mail

Cell Number

Horse's Name

Horse's Age

Barn Name

Barn Location

Current Medical Conditions

Previous Medical Conitions

List of All Medications

Reason for treatment

I agree to fully and forever release and discharge, and defend, indemnify, and hold harmless, the practitioner and/or practitioner's company and its owners and epresentatives, employees, or agents, from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to me, my property or any other person, directly or indirectly arising out of or in connection with the PEMF/Massage services provided by practitioner and/or practitioner's company.

I verify that I have fully informed the therapist of all medical history, medications and conditions and agree to the terms and conditions

Signature