

No Knots Equine Sports Massage Therapy

Client details form

Date	Treatment Requested	Maintenance Massage Pre-event Massage Post-event Massage Specific Other
Owner	Home Address	
Horse Name	Phone Number	
Breed	Yard Address	
Colour	Vet	
Age	Vet consent granted?	
Height	Farrier Frequency of visits	
Sex	Dentist Last visit	
Discipline	Saddler Frequency of visits	
Temperament (safety of therapist e.g. do they kick)		
Tack and training aids		
Work	Box Rest • Retired • Light work • Seasonal • Moderate • Full/Competition	
Routine of exercise (e.g. frequency, duration and type of exercise)		
Areas of concern / reason for massage		
Training issues (if applicable)		
History of present conditions and/or past health issues		
Treatment history		

