



Restore Equine LLC

Rosemary Gillies

CESMT CEMFT CLT

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INTAKE FORM: History & Current Health

Name of Owner/Lessee: _____ Date: _____

Barn Name/Address: _____

Email: _____ Phone: _____

About Your Horse

Horse's Name: _____ Breed: _____

DOB: _____ Sex: _____ Height: _____ Weight: _____

How long have you owned this horse? _____

Current Veterinarian or Hospital: _____

Phone: _____ Email: _____

****I UNDERSTAND THAT THE VETERINARY BOARD OF TEXAS REQUIRES GENERAL VETERINARY SUPERVISION OF ALTERNATIVE THERAPY. EQUINE MASSAGE, ACUPRESSURE, PEMF, CRANIAL SACRAL THERAPY, LIGHT THERAPY, KINESIOTAPING, ALL FORMS OF ENERGY WORK & SOFT TISSUE MOBILIZATION TECHNIQUES ARE CONSIDERED ALTERNATIVE THERAPY. THEREFORE: I MUST OBTAIN MY VETERINARIAN'S APPROVAL PRIOR TO SEEKING ALTERNATIVE THERAPY FOR MY HORSE & PROVIDE MY PRIMARY VETERINARIAN'S CONTACT INFORMATION - THIS IS STATE LAW. ****

RESTORE EQUINE WELCOMES COMMUNICATION WITH YOUR VETERINARIAN PRIOR TO & AFTER YOUR SESSION AND/OR FOR THEM TO BE PRESENT THROUGHOUT AND/OR THEIR INPUT ON REHAB AND RECOVERY PROTOCOLS.

DIAGNOSTICS MAY BE REQUIRED FOR CERTAIN ISSUES, SUCH AS ULTRASOUND OR RADIOGRAPHIC IMAGES.

Any notable long or short-term health issues, injuries, or behavioral concerns? Have they been resolved?

What is your horse's current feeding program (including any medications, nutraceuticals, or supplements)?

Is your horse currently on any medication?

Please describe your horse's housing (stall, turnout, etc).

When was your horse last shod or trimmed & by whom? _____

When were your horse's teeth last addressed & by whom? _____

When were the saddle & tack last checked? _____

When was the last time your horse was seen by a vet and why?

In what discipline(s) is your horse currently trained?

What is your horse's current training or conditioning program, and by how many people is s/he ridden?

Other than your vet, is your horse under the care of any other equine healthcare professional(s), such as an acupuncturist, chiropractor, homeopath, other bodyworker, etc.?

What are your goals for your horse (e.g. in training, competing, health, etc.)?

Is this session intended as part of your horse's well-being protocol or do you have specific concerns and areas you would like to address?

Anything I miss? Please feel free to add any other comments!

Release of Liability & Consent

As the legal owner/primary caregiver/lessee of the above-mentioned horse I understand that:

The signing of this form gives consent to Rosemary Gillies, owner of Restore Equine LLC full permission both today and on future dates to perform Certified Alternative Therapies on my horse; Equine Massage & Myo-Manipulative Functional Therapy, Acupressure, PEMF, Kinesiology Taping, Cranial Sacral Therapy, Reiki, Light Therapy and any further certified therapies that may be offered in the future by Restore Equine LLC.

Alternative Therapies are never a replacement for proper veterinary care and diagnosis. I understand that whilst my practitioner is certified in the techniques and services offered, she is not a veterinarian and will not diagnose conditions, offer a treatment plan for a veterinary problem, attempt chiropractic adjustments, nor prescribe medications for or apply invasive treatments to my horse.

Alternative Therapies are not offered as a treatment or cure to any specific disease. Each therapeutic device utilized is FDA approved for specific therapeutic benefits. Whilst they can assist with a program of wellness for your horse, and in some instances encourage faster healing from injury and reduction of pain and inflammation due to increased circulation, increased range of motion, using alternative therapies, either as hands on tissue mobilization OR using hand held tools and devices is neither a "treatment" nor a "cure" to any medical condition.

I am required to disclose pertinent medical information about the horse, and if the horse is currently under veterinarian treatment or recovery from illness or injury, I have cleared this work with him/her to ensure that the modality undertaken is at this time appropriate for the horse and will notify Restore Equine LLC of any changes to my horse's medical condition.

Restore Equine LLC and owner Rosemary Gillies will not work on the horse if contraindications are present and will refer the horse back to the veterinarian for continuing approval prior to any sessions taking place.

If I am not the legal owner of the above-mentioned horse, I am obligated as the primary caregiver/lessee to notify the legal owner and obtain consent prior to the commencement of this agreement.

Payment for each session is due upon receipt of the invoice and clear pricing guidelines have been made available prior to the commencement of this agreement.

I release Rosemary Gillies & Restore Equine LLC from any loss, damage, liability, or injury arising out of or resulting from participation in alternative therapies. Including any negligent acts or omissions.

I the horse owner/guardian/lessee agree to indemnify, hold harmless and defend Rosemary Gillies & Restore Equine LLC from any loss, damage, liability or injury, however caused, resulting directly or indirectly from his/her participation, or from acts or omissions. I acknowledge that activities with and around horses involve inherent risks of physical activity to participants, horses and to others which the horse owner/guardian/lessee understands and expressly assumes.

Signature of Owner/Primary Caregiver/Lessee: _____

Printed Name: _____ Date: _____