

EQUINE Intake Questionnaire

OWNER INFORMATION

NAME: _____ At least 18 years of age: Y or N

ADDRESS: _____

PHONE NUMBER: _____ CIRCLE: Mobile OR Landline

EMAIL: _____

NAME AND CONTACT# OF ATTENDANT IF NOT OWNER: _____

FARM INFORMATION

BARN NAME: _____ CONTACT #: _____

BARN ADDRESS: _____

HORSE INFORMATION

NAME: _____ DOB: _____ COLOUR: _____

BREED: _____ SEX: Mare / Gelding / Stallion PREGNANT: Y or N

REGISTERED NAME: _____

MARKINGS/SCARS: _____

VETERINARIAN: _____ CONTACT #: _____

FARRIER: _____ CONTACT #: _____

DATE OF LAST TRIM: _____ TRIM SCHEDULE: _____

MEDICATIONS: _____

HAS THE HORSE HAD ANY SURGERIES, SCREWS, PLATES, ETC? IF YES, PLEASE DESCRIBE:

HEALTH CONDITIONS: _____

IF ANY, WHAT TREATMENT/MANAGEMENT IS BEING USED:

REASON FOR PEMF THERAPY:

HAS HORSE HAD A RECENT INJURY? IF YES, DESCRIBE:

PLEASE READ AND INITIAL THE FOLLOWING:

___ I understand that PEMF therapy is not a replacement for medical care and no diagnoses will be made.

___ I understand that if I have a pacemaker, am pregnant, had an organ transplant, or have any kind of implanted device with a battery that cannot be removed I must remain at least 10 ft away from machine during session.

___ I consent to letting MearaPulse Therapies use photos of my horse for marketing or training purposes.

PRINTED NAME: _____

SIGNATURE: _____ Date: _____