

Horse Owners Informed Consent and Waiver

Horse's Name _____

Owner _____ Phone number _____

Address _____ Email _____

Credit card # _____

I, _____ have asked Charlotte Morris, equine massage therapist, to perform massage therapy on the horse _____ (horse's name). I realize that massage may not help the physical issue, that Charlotte Morris will not diagnose the horse, and that massage is not a replacement for a veterinary examination on the horse.

I fully understand that my horse may injure him(her)self as a result of the massage and I hereby release Charlotte Morris from any liability now or in future including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, injuries and any other illness, soreness or injury, however caused, occurring during or after my horse being massaged and participating in therapy.

I release Charlotte Morris from any liability and to use the modality that would benefit the horse to the best of her knowledge.

Name _____ Date _____

Signature _____

Horse: _____ Breed: _____

Age: _____ Height: _____ Weight: _____ Color: _____

Performance use and years at sport

Physical issues at present



Past injuries and date

