



Waiver for Massage Therapy & Vertebrae Realignment

Owner: _____
Guardian (if different from owner): _____
Cellphone #: _____
Home Address: _____
Email: _____
Horse Name: _____
Stable: _____
Barn Address: _____
Veterinarian: _____
Farrier: _____

I, _____ (please print name) understand that Equine Massage Therapists are **NOT licensed veterinarians** and Equine Massage Therapy is **NOT a replacement of veterinarian care**.

I understand that the *Equine Movements* therapist

- may **NOT** diagnose any medical condition
- does **NOT** prescribe or administer any medication, nutraceuticals or supplements
- only works on my horse if there is **NO** contraindication

I, _____ (please print name) being the owner or authorized guardian of above named horse, have read and understand the information on this form. I understand that Massage Therapy and Vertebrae Realignment is not a substitute for proper veterinary care. It is my responsibility to consult with my veterinarian regarding the complementary care of my horse. If my horse is currently being seen by a veterinarian, I have cleared this work with the attending veterinarian to ensure body work is at this time appropriate for the horse.

I, _____ (please print name) as the owner/ guardian of the listed animal above, do hereby give consent for soft tissue therapy and vertebrae realignment. Unless Equine Movements receives written notice from the above owner/ guardian, this consent to work on said animal will allow for continuing soft tissue and vertebrae realignment work without continual or continuous written consent from the owner/ guardian.

I understand that following soft tissue/ vertebrae realignment work the animal may exhibit signs of soreness up to 72 hours, and this is a normal result of the work. Issues that are latent, may show themselves. Examples include but are not limited to: an abscess that has not shown itself, may erupt; a low grade cold/ flu may become high grade resulting in a high temperature; excessive mucus expulsion, etc. Any metastasizing tumours may/ can spread.

Signature

Print Name

Date