



## Healing Hands Equine Massage Client Case File

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Farrier: \_\_\_\_\_ Phone: \_\_\_\_\_

### Horse Information

Registration Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Tattoo: \_\_\_\_\_

Barn Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Remarks/Recommendations: