



Four Quarters Equine, LLC  
Suzanna Lindamood, National Board Certified Equine Massage Therapist  
1310 Highway 75  
Blountville, TN 37617  
276-791-3319 [fourquartersequine@gmail.com](mailto:fourquartersequine@gmail.com)  
[www.fourquartersequine.com](http://www.fourquartersequine.com)

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## Equine Massage and Bodywork Intake Form

*Please note all information collected will remain confidential.*

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### **Client information**

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

Phone Number: \_\_\_\_\_ Ok to text: \_\_\_\_\_ Yes \_\_\_\_\_ No

Email: \_\_\_\_\_

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### **Horse information**

Barn/farm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Discipline/job: \_\_\_\_\_

Goals/objectives for bodywork: \_\_\_\_\_

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### **Horse Health and History**

Current medications/supplements: \_\_\_\_\_

Illness/injury  
history: \_\_\_\_\_

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

Veterinarian Contact Information: \_\_\_\_\_