

Equine Massage Evaluation Forms

Date: _____

Owner's Name: _____

Contact Information: _____

Horse's Name: _____

Breed: _____ Age: _____

Use: _____

Evaluation Line Concerns: _____

Sore Areas Found During Massage: _____

Stretches Performed: _____

Stretches Recommended: _____

Horse Response to Massage: _____

Individuals Completing the Massage: _____

This is not intended to diagnose or treat your horse. Please refer to your veterinarian for a medical diagnosis. Equine Massage is not a substitute for Veterinary Care. If you have questions or concerns please contact your veterinarian.