



Natural Presence Equine Solutions

New Client Intake Form

Talitha J. Parker, Certified Equine Sport Therapist (EST)
Certified Equine First Aid instructor (EFAI)

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[\(250\) 309-2033](tel:(250)309-2033)

One form per horse to be completed before the first appointment.

Owner Information

Name: _____ Phone #: (_____) _____ Text: **Yes** or **No**

Address: _____ Email: _____

Barn Name/Address (if Applicable): _____

Horse Information

Name: _____ Breed: _____ Sex: _____

Age: _____ Height: _____ HH Weight (Est): _____ Time Owned: _____

Current use: _____

Does this horse tie safely: **Yes** or **No** (please circle one)?

Current Veterinarian: _____ Vet's Phone #: (_____) _____

Earlier or Current Veterinary Diagnosis?

Any behavioural issues/Allergies:

Is your horse currently pregnant or planning to be bred soon? **YES** or **NO** (please circle one).

***Permission to share chart with health care professionals.** * (includes but not limited to veterinarians, chiros, other holistic therapists etc.) **YES** or **NO** (please circle one).

What is the current feeding program for your horse? (including any veterinary prescribed medications, Supplements, herbs, grains, and forage)

Please describe your horse's current housing. (Barn, Turnout, Stall etc.)

What is your horse's current workload schedule/Discipline?

Is your horse on a regular farrier schedule? **Yes** or **No** (please circle one).

When were your horse's teeth last addressed? _____

When was your horse last vaccinated? _____

When was your saddle/bridle last checked? _____

When was your horse last wormed and with what? _____

When was the last time your horse was seen by a vet and why?

Other than your veterinarian is your horse under the care of any other equine health care professional(s)?

What are your goals with the horse? (Health, wellness, competition, in training, rehabilitation, etc.)

Is the session to be a part of your horse's health and well-being or do you have specific concerns that you would like to have addressed?

Are there any conditions or Sensitivities that I should be made aware of? (This list is not exhaustive)

Mucous Discharge	Neural Diseases	Navicular	Girthing
Laminitis/Founder	Pregnant	Recurrent Lameness	Eye problems
Laboured Respiration	Fresh Wound(s)	Cancer	Groomed over back
Cellulitis	Infectious Disease	Gastric Ulcers	Open wounds
Cushing's Disease	Edema	Frequent Colic	Ear problems
Sensitive near sheath/udder	Sensitivity around ears	Teeth issues	Struggling to bend (L/R)
Skin disorder	Scar tissue	Nerve Damage	Inability to collect
Hip Problems	Heart problems	History of abuse	Struggles to pick correct lead
Grooming over ribs/barrel	Difficulty Bridling	Undiagnosed Lump	Spine Injury
Arthritis	Bucking under saddle		

If you marked any of the above or your horse is experiencing something other than what is listed above, please describe below.



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Informed Consent & Release Waiver

Talitha J. Parker, Certified Equine Sport Therapist (CEST)
Certified Equine First Aid Instructor (EFAI)

npeqtherapy@gmail.com

Cell: [\(250\) 309-2033](tel:(250)309-2033)

I, _____ (Owner's name or agent) is allowing my horse _____ (Horse's name) understand that my session with *Talitha J. Parker* and *Natural Presence Equine Solutions* is never a replacement or substitute of regular veterinary care but is complimentary to regular veterinary care.

a) I understand that this individual is not a veterinarian, that the bodywork given is not considered as veterinary medical treatment, and that comments, suggestions, or recommendations, offered during the bodywork session are not construed as veterinary medical advice. Massage/touch therapy and other holistic modalities are not a substitute for veterinary medical care, but a cooperative form of treatment.

b) If my horse is currently under the care of a veterinarian for the recovery from illness or injury, I have cleared this work with him/her to ensure that the use of massage/touch therapy or the use of other holistic modalities supplied are appropriate at this time for my horse.

c) I understand that the *Equine Sport Therapist* cannot diagnose illness or disease, prescribe medications.

d) I understand that any information provided by the *Equine Sport Therapist* is for educational purposes only and is not diagnostically prescriptive in nature.

2. ___ I acknowledge that *Talitha J. Parker* is a *Certified Equine Sport Therapist* is licensed, insured, and qualified to practice the art and science of *Equine Sport Therapy* to aid in my horse's health and wellbeing and help aid in recovery.

a) I understand that any work involving horses carries inherent risks, I therefore release the *Equine Sport Therapist* from any fault.

b) I release The *Equine Sport Therapist* from all claims of mal-practice, non-disclosure, or lack of informed consent.

c) By Signing this release, I hereby waive and release the *Equine Sport Therapist, Talitha J. Parker* from any and all liability, past, present and future, relating to massage and bodywork.

3. ___ I understand that to get the most out of Equine Sport Therapy and it is recommended to have several sessions for optimal wellbeing.

a) I understand that for my horses' full benefit, I must be fully engaged in my horse's health and well-being for best results.

4. ___ I affirm that I have not consumed any substance in such a manner that would impair my abilities to fully understand this consent form in the last 24 hours.

a) I have supplied all the history that I have stated is accurate, honest, and filled to the best of my ability, I agree to update any current information or changes in my horse at my next appointment.

b) I understand that ALL my horse's health and sessions will be confidential unless I consent to give a written release for photos to be used for promotional purposes or it is required by law or otherwise stated below.

___ I consent to the use of images of my horse to be used for promotional or educational purposes at this time.

___ I do not consent to the use of images of my horse to be used for promotional or educational purposes at this time.

**I have read and fully understand this agreement and will comply. I intend this as a consent form to apply to this session and any future session here after, under the care of Talitha J. Parker. I hereby authorize and agree to allow Talitha J. Parker to work with me and my horse to achieve his/her optimal potential.*

Signature:

Printed Name:

Date: DD/MM/YYYY



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Appointment Preparation & Post session guide
(Client copy)

Talitha J. Parker, Certified Equine Sport Therapist (CEST)
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What can you expect for your horses first appointment? (New clients must read)

For the very first appointment after introductions, completing the new client intake form and introducing me to your horse, learning about your concerns. I like to start by performing a dynamic evaluation, either in hand, lunge or under saddle depending on what the issue is we are working with, this lets me look at the whole picture and gives me an idea of issues I may address first for example *muscular imbalances, stride lengths, mobility of joints, engagement, head carriage, weakness, pain or signs of compensation or restrictions, straightness, favouring of one side etc.*

Following will be the static assessment which is a series of soft tissue manipulations, stretching and range of motion techniques to assess bodily muscle and joint function this helps isolate and show where the root of the issue is. This is where I will determine my course of action and tailor a plan best suitable to your horses' individual needs which may consist of the use of *Equine Sport Therapy techniques, Swedish or soft tissue massage, saddle fitting, rider imbalances, stretching, remedial exercises, hydrotherapies, cryotherapies, emotional balancing techniques, applied kinesiology or other modalities that are applicable including herbal remedies and nutritional testing etc.*

I will provide you with home care recommendations that address your concerns and supply support care in between treatments for example may involve *specific stretching routines, under saddle exercises, hydrotherapy, massage, stable management and nutritional testing and suggestions, referrals to chiropractic follow-up and/or veterinary assessment if appropriate.* Please allocate about 1.5-2 hours in your schedule for the first appointment, then for any follow-up appointments allow 1-1.5 hours.

***Keep in mind I look at the WHOLE horse including the horse's environment and lifestyle.
This is a safe space free of judgement.***

Preparing for your horse's appointment and what to expect!

- 1) If possible, scheduling during barn down-time hours or after feeding times will help promote a state of relaxation and setting the session up for success.
- 2) If you ride prior to your appointment time(s), please allow for adequate time to cool-down and dry prior to your session with me.
- 3) Try and clean your horse best as possible (a light dust and hair is fine) but please refrain from any coat conditioners like show sheen or canter.
- 4) Where you have your horse should be free of clutter and away from other horses and should be a comfortable place for your horse to be for at least 1 hour +/-.

Post massage care guidelines! (These may change as sessions progress)

- 1) Hand walk for 10 minutes this is great for neuromuscular repatterning, this can help with post bodywork stiffness and increase blood flow for faster recovery.
- 2) Turn out if possible and have access to plenty of fresh water.
- 3) Avoid strenuous activity for 24 hours following your session, if your horse is new to receiving bodywork give your horse a week of light work to acclimate before any competitions. Placing emphasis on warm-up and cool down.
- 4) Post-massage soreness is normal for up to 3 days following your session with me. Please be mindful of this and do not hesitate to get in contact with me!

* Note, once newly addressed, areas of muscular tension often feel worse before they get better. While freshly massaged horses run off bucking acting as if they are 5 years younger, it is more common for horses to need a few days off to process the new balances they have received. If your horse is sound but seems to not be quite themselves during your next ride, be courteous and patient. Promote a long and stretchy ride with the aim for relaxation and avoid jumping or extended periods of collection or other strenuous exercises for the first week or so prior to your session. *

Cancellation Policy

I must be provided with a minimum of 24 hours notice in the case of cancelling or rescheduling.

In the spirit of good faith, I do my best to always inform my clients within a 48-hour period if changes need to be made. Time is valuable and I respect my clients time as well as my own. I try and strive to do right by my clients with regards to last minute changes with hopes that they will return the same respect and courtesy to the best of their ability. I understand that there are circumstances that are unpredictable and some unavoidable, just be honest.

Following are the fee's charged in case of last-minute cancellations, no-shows or rescheduling. Taxes are not included and will be added on the invoice. Payment will be made at the time of rescheduled appointment.

- Last minute cancellation fee is;
 - failure to contact before 24-hour minimum for cancelling an appointment will be subject to a fee of 50%.
 - Cancelling at time of appointment will result in a fee of 50% plus mileage
- All clients are asked to be ready before your scheduled times
 - Late fees may be assessed if you are 15-20 minutes late from the start of your scheduled appointment. Late fees are 50%.
- No shows are subject to a fee of 100%, plus mileage.
- Rescheduling with-in the 24 hour window will result in an administration fee of 15%.

Thank you for choosing Natural Presence Equine Solutions!

