

**Client Intake Form  
Owner Information**

**L-M Bodywork Services, LLC**  
Lindsay Madorin (307) 287-0307

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**General Information**

Barn: \_\_\_\_\_ Stall: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Female Male

**Workload**

Please list current workload including training, turn out, exercising, riding, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Environment**

Hours in Stall Per Day: \_\_\_\_\_ Hours Out of Stall Per Day: \_\_\_\_\_

Diet	Type	Amount	Interval/Frequency
Supplements			
Grain			
Forage			
Other (Medications, Etc.)			

**Feet**

Shod  Barefoot  Therapeutic Shoeing

Farrier: \_\_\_\_\_ Last Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length Between Appointments: \_\_\_\_\_ Weeks

If wearing shoes, please describe: \_\_\_\_\_

**Teeth**

Date of Last Float \_\_\_\_ / \_\_\_\_ Who did the Float? \_\_\_\_\_

Power Floated  Hand Floated

Please List any Abnormal Findings Mentioned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Tack**

Fitted? By whom? \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_

Does saddle have a tendency to slip? Y / N If yes, to which side? Right / Left

Please List What is Used:

Bit - \_\_\_\_\_

Saddle - \_\_\_\_\_

Boots / Leg Wear - \_\_\_\_\_

Lunging / Side Reins / Tie Downs - \_\_\_\_\_

Headstall / Bridle - \_\_\_\_\_

**Reproductive**

**Males**

Gelded? Y / N Age at Gelding? \_\_\_\_\_ Years

Issues with Surgery? \_\_\_\_\_

Aggressive Behavior

**Females**

Bred? Y / N Number of Foals \_\_\_\_\_ Number of Pregnancies \_\_\_\_\_

Surgeries: \_\_\_\_\_

- Hormone Issues       Ovarian Concerns (Including Cysts)
- Abnormal Cycles       Aggressive Behavior       Spayed/Marbled

**Rider(s)**

Level:  Beginner       Intermediate       Advanced

Please list and circle any physical challenges with the rider(s):

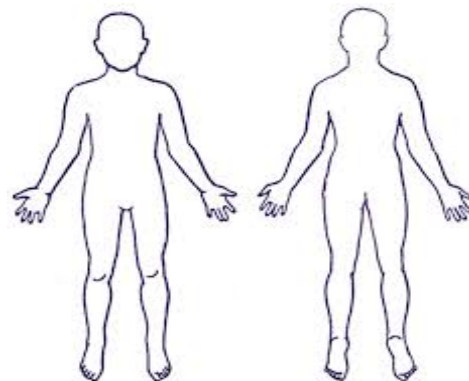
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



<b>History</b>		
<input type="checkbox"/> Cribbing	<input type="checkbox"/> Cinchy/Girthy	<input type="checkbox"/> Bolting
<input type="checkbox"/> Weaving	<input type="checkbox"/> Resting Hind End on Walls or Stall	<input type="checkbox"/> Rearing
<input type="checkbox"/> Biting	<input type="checkbox"/> Struggling with Lead / Gait Changes	<input type="checkbox"/> Alternating Resting Hind Legs
<input type="checkbox"/> Pawing	<input type="checkbox"/> Refusal or Struggling to Back	<input type="checkbox"/> Kicking
<input type="checkbox"/> Spooky	<input type="checkbox"/> Resistance when Going one Direction	<input type="checkbox"/> Head Shy
<input type="checkbox"/> Bucking	<input type="checkbox"/> Other	

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Veterinary	Metabolic	
<input type="checkbox"/> Lameness Exam	<input type="checkbox"/> Hungry all of the time	<input type="checkbox"/> Ulcers Confirmed or Suspected
<input type="checkbox"/> Injections	<input type="checkbox"/> Easy Keeper	<input type="checkbox"/> Cushings
<input type="checkbox"/> X-Rays	<input type="checkbox"/> Hard Keeper	<input type="checkbox"/> Dull / Wooly Coat
<input type="checkbox"/> Pre Purchase Exam	<input type="checkbox"/> Insulin Resistant	<input type="checkbox"/> Sheds Out Late

Alternative Therapies (Past or Present) - Please List Dates of Most Recent Service:		
<input type="checkbox"/> CranioSacral	<input type="checkbox"/> Massage	<input type="checkbox"/> Other
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> PEMF	Please Specify:
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Acupressure	

Please explain any findings/diagnostics/management of any boxes checked prior:

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Any illnesses, injuries, conditions, or surgeries to note?

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Please list any medication your horse may be on (*this is to ensure any conditions are known, not as a replacement for veterinary care*):

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Please List any Performance Challenges:

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**Consent and Disclosures**

I give my permission for Lindsay Madorin, L-M Bodywork Services, LLC to provide therapeutic bodywork to my horse as listed above.

I recognize that therapy offered by Lindsay Madorin, L-M Bodywork Services, LLC does not replace the need for veterinary intervention and treatment and acknowledge that I may be sent for veterinary approval prior to when therapy begins.

I hereby certify that the above statements are true and correct to the best of my knowledge. I acknowledge that false information may hinder therapeutic progress.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_