

The Equine Advisor

New Client Form

Horse’s Name:

Owner’s Name: Preference: email call text

Address: Tel:

 Tel:

Postcode: Email:

Horse’s Location:

Age: Sex: Breed: Colour:

Vet: Vet Tel:

Latest visit date

and any ongoing

issues:

Farrier: Farrier Tel:

Latest visit date

and any ongoing

issues:

EDT: EDT Tel:

Latest visit date

and any ongoing

issues:

Saddler: Saddler Tel:

Latest visit date

and any ongoing

issues:

Recent history (routine, diet, saddle fittings etc.):

Any concerns to note (changes in performance or behaviour etc.):

**Horse owner's release:** I give my permission to Joanne Fieldhouse, a fully qualified and insured Equine Touch Practitioner and member of the International Equine Touch Association, to perform The Equine Touch technique on my horse. I understand that Equine Touch is not a therapy nor will it diagnose or treat any named condition. The Equine Touch is not an alternative to, nor a replacement for, allopathic medicine, and it is my responsibility to inform my veterinarian that my horse is receiving ET.

Signed:

All information will be held with the highest regard to the Data Protection Act. No information will be shared with any third party, unless prior permission is given in writing by the owner.