Equine Hanna Somatics® Client Information & Horse History

Animal's Name	Owner
Age Mare / Gelding / Stallion (circle)	Trainer/Agent
Breed	Address
Color / Distinguishing Markings:	
	Email
Shod / Barefoot (how long?)	Phone
Discipline	Stable
History	Presenting Complaint (what, where, when, how)
Medication(s)	
Current Treatments/Alternative Therapies:	History of present complaint
Conditioning: low / moderate / high	
Statement of	ot Consent
I am the owner or the authorized agent for the owner of ity to execute this consent.	of the animal described above, and I have the author-
I hereby give Alissa Mayer, and any authorized agents, perform/teach Equine Hanna Somatics® Education. T has been explained to me, and I understand what will l	the nature of these classes, operations or procedures
I understand that Equine/Canine Hanna Somatics® is treatment, and that results of the educational work ma	
Signed:	Date:
Medía F	Release
I consent to the photographing of myself and the recor and/or video recordings singularly or in conjunction w tising, publicity, commercial or other business purpose herein encompasses both still photographs and motion	with other photographs and/or recordings for adveress. I understand that the term "photograph" as used
I further consent to the reproduction and/or authorizatics® to reproduce and use said photographs and recormarkets.	ation by Alissa Mayer and/or Equine Hanna Somat- dings of my voice, for use in all domestic and foreign
I hereby release Alissa Mayer, and any of her associate agents, employees and customers, and appointed adve employees from all claims of every kind on account of	rtising agencies, their directors, officers, agents and
Signed:	Date:
c. 1 (1)	

Alissa Mayer - Certified Equine Hanna Somatics® Educator