

Emotional Freedom Techniques

for Horses & Riders
www.eft4horsesandrider.com



Horse Intake and Release Form

Horse's Name: (registered Name) _____
(Stable Name) _____

Physical Description:

Breed _____ Height _____ Weight _____
Age _____ Colour _____ Fitness Level _____

Describe Work Routine:

Stable Vices or Habits _____
Character Traits _____

Medical History:

Routine Work (Yearly) _____

Other Treatments (if applicable, List and Reasons)

Medications or Supplements

Veterinarians Name and Contact Number

The Problem:

Unusual Behavior or Experienced Trauma

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Issue That Needs Resolution

Owners Name: _____

Address: _____

Contact Numbers: _____

Email Address: _____

My signature promises full payment for services as well as full disclosure of any and all health related illnesses and behavioral history for this horse _____.

I also acknowledge my full understanding that Energy Therapy (EFT) is not a replacement for medical care or advice from my coach, instructor or trainer.

Signature _____ Date _____