



## Equine Sports Massage (ESMT) & Salt Therapy Statement of Disclosure

I am not a veterinarian: I do not diagnose medical issues , offer medical advice, prescribe drugs or perform surgery. I am not a chiropractor and I do not do any kind of skeletal adjustment. Equine massage, body work and salt therapy is considered an alternate therapy under the Texas state regulations.

My role is that of facilitator, assisting your animal to attain and maintain a naturally healthy state. The specific results of the bodywork sessions will be different for each animal: beneficial effects of massage, bodywork and dry salt therapy may include improved circulation of blood and lymph, pain relief through endorphin release, increase in trust and mood elevation, improved flexibility; improved body awareness, muscle efficiency, increased performance, shortened recovery from illness, injury or surgery, stress reduction, and injury prevention.

### **Consent and Acknowledgement of Treatment/ Therapy**

I understand that this person is not a veterinarian, that the treatment / therapy given is not to be considered as a veterinary medical treatment, and that comments, suggestions or recommendations preferred in the course of this treatment/therapy are not to be construed as veterinary medical advice. Massage / touch therapy and other holistic modalities are not a substitute for veterinary medical care, but rather a cooperative form of treatment.

I, \_\_\_\_\_ (owner or agent of the owner), wish to have this treatment/therapy for my animal(s) and give my consent acknowledgement by signing below.

I, \_\_\_\_\_ (owner or agent of the owner), certify that my animal has received regular veterinary care and vaccinations, as needed.

In signing this document, I acknowledge that I have read and fully understand the previous statements and consent to EquiViveLLC performing Massage and/or Dry Salt Therapy on my animal. I understand that I am waiving any and all claims I may have against EquiVive LLC.

I have read and understand the above disclosure statement in regard to the treatment/therapy to be given to my animal(s), \_\_\_\_\_ by EquiVive LLC.

Signed \_\_\_\_\_ Date \_\_\_\_\_