Red Mare Holistics

Equine Client Agreement, Informed Consent & Liability Waiver

"Everything Heals"

Client Information

Owner: _____ Date: _____

Horse: _____ Breed: _____ Age: ____

Veterinarian: _____ Phone: _____

Purpose of Services

Red Mare Holistics provides educational holistic equine wellness services intended to support comfort, relaxation, balance, movement and overall wellbeing in collaboration with the horse owner's veterinarian when appropriate.

Informed Consent

- I voluntarily request these services.
- I have had the opportunity to ask questions before participating.
- I understand no guarantees or promises of specific results have been made.
- I may stop a session or decline any technique at any time.

Client / Owner Responsibilities

- Provide accurate health and history information.
- Notify the practitioner of any significant changes.
- Communicate concerns immediately during the session.
- Maintain responsibility for veterinary care and emergency decisions.

Pennsylvania Equine Activity Liability Notice

WARNING: Under Pennsylvania law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, except as otherwise provided by law.

Release of Liability

In consideration of receiving voluntary services from Red Mare Holistics, I knowingly assume the ordinary risks associated with participation and release Red Mare Holistics and Abby Rupert Hudish from liability for claims arising from ordinary negligence to the fullest extent permitted by applicable law. This release does not apply where liability cannot legally be waived.

Professional Disclaimer

Red Mare Holistics provides educational holistic equine wellness services only. Abby Rupert Hudish is not a licensed veterinarian and does not diagnose, prescribe, treat, cure, or prevent disease, lameness, injury, or other medical conditions. Services are complementary and are not veterinary medicine.

Photo Authorization (Optional)

☐ I authorize photographs for educational/marketing purposes. ☐ I do not authorize photographs.

Acknowledgement

By signing below, I acknowledge that I have read and understand this agreement, have had the opportunity to ask questions, and voluntarily consent to receive services from Red Mare Holistics.

Signature: _____ Date: _____

Printed Name: _____

Practitioner: _____ Date: _____