Red Mare Holistics

Equine Wellness Partnership Agreement & Client Information

"Everything Heals"

A Note from Abby

Thank you for inviting me to be part of your horse's journey.

I believe every horse deserves to be seen as an individual—with their own personality, experiences, strengths, and needs. My role is to thoughtfully observe, educate, and support both horse and owner through holistic wellness approaches that complement—not replace—veterinary care.

Healing doesn't begin with fixing—it begins with listening.

Owner Information

Owner Name _____ Horse _____

Barn _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Veterinarian _____ Farrier _____

Other Professionals _____

Horse Information

Breed _____ Age ____ Sex ____ Height ____

Primary Riding Discipline _____

Current Status: ☐ Actively Competing ☐ Recreational Riding ☐ Lesson Horse ☐ Trail Horse

☐ Young Horse/In Training ☐ Returning to Work ☐ Rehabilitation ☐ On Rest

☐ Retired ☐ Companion Horse ☐ Not Currently Ridden

Length of Ownership _____

Current Workload _____

Health, Feed & Lifestyle

Feed/Forage _____

Current Supplements _____

Special Dietary Considerations _____

Turnout: □ Full □ Partial □ Stall □ Dry Lot

Average Hours of Turnout _____

Current Medications _____

Horse Personality & Disposition

General Personality

□ Confident □ Curious □ Playful □ Affectionate □ Independent □ Sensitive □ Stoic □ Easy Going □ Reserved □ Energetic □ Food Motivated □ Highly Intelligent

Nervous System & Emotional Tendencies

□ Calm □ Anxious □ Easily Startled □ Tense □ Reactive □ Shuts Down □ Worries Easily □ Needs Time to Process □ Herd Bound □ Barn Sour □ Confident Away From Home □ Enjoys New Experiences

Behaviors You've Noticed

□ Head Shy □ Girthy □ Pulls Back □ Weaving □ Cribbing □ Pawing □ Tail Swishing □ Ear Pinning □ Biting □ Kicking □ Trailer Loading Concerns □ Separation Anxiety □ Difficult to Catch □ Easily Distracted □ No Behavioral Concerns

What makes your horse happiest?
_____

What situations seem stressful for your horse?
_____

Riding Discipline & Lifestyle

Primary Discipline

□ Dressage □ Hunters □ Jumpers □ Eventing □ Western Pleasure □ Ranch □ Reining □ Cutting □ Barrel Racing □ Pole Bending □ Gymkhana □ Trail Riding □ Endurance □ Driving □ Working Equitation □ Liberty □ Therapy Horse □ Other _____

Average Work Schedule

□ Daily □ 4–6 days/week □ 2–3 days/week □ Occasionally □ Seasonal □ Not Currently Working

Typical Activities

□ Arena □ Trails □ Obstacles □ Lessons □ Shows □ Clinics □ Groundwork □ Liberty □ Pasture Companion □ Other _____

Your Horse's Story

If your horse could tell me one thing today, what do you think they would want me to know?

_____
_____

What inspired you to reach out to Red Mare Holistics?

_____
_____

What would you like to accomplish by working together?

_____
_____

At the end of today's session, what would make it feel successful?

_____
_____

How Does Your Horse Communicate Discomfort?

□ Changes in behavior □ Changes under saddle □ Pins ears □ Swishes tail □ Becomes anxious □ Avoids being caught □ Changes in appetite □ Feels stiff □ Trips more often □ Becomes pushy □ Shuts Down □ Other _____

Informed Consent

I understand that Red Mare Holistics provides complementary holistic wellness and educational services only. These services are not a substitute for veterinary diagnosis or treatment. Abby Rupert Hudish does not diagnose disease, prescribe medications, or perform veterinary procedures. Veterinary evaluation will be recommended whenever appropriate.

Veterinary Collaboration

I understand that Red Mare Holistics works collaboratively with veterinarians and other equine professionals whenever appropriate.

Photo Release

☐ Yes, educational photos may be used.
☐ No, thank you.

Pennsylvania Equine Activity Liability Notice

WARNING

Under Pennsylvania law (4 P.S. §§ 601–606), an equine activity sponsor, equine professional, or any other person shall not be liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Pennsylvania Equine Activity Immunity Act.

Agreement

By signing below, I acknowledge that I have read and understand this agreement and voluntarily consent to participate in services provided by Red Mare Holistics.

Owner Signature _____ Date _____

Printed Name _____