The Spoiled Pony - 2025 New Client Forms
EQUINE/CANINE/ANIMAL

Date		Animal Information	
Owner Name		Animal Name	
Email		Stable	
Phone		Age (ex 23)	
Address		Sex	
City, State Zip		Breed	
Veterinarian Name & Contact Info		Current Work Level	
Please email me about special offers and events.	YES_____NO_____	Discipline(s)	
Are you ok receiving SMS messages from our team for scheduling & appointments, info about our services as well as special offers? *Note message frequencies vary and data rates may apply. You can request a copy of our privacy policy and terms at any time and opt out at any time.*		YES_____NO_____	

Share any significant known history of illness or health limitations *(What, where, when, how)*	
Does your animal have a recent INJURY and/or ILLNESS or is currently under veterinary treatment? If so, describe	

Medical History Disclosure
*Note: It is the client's responsibility to disclose the following information about their animal when booking **<u>each</u>** session and schedule the appointment accordingly:*

- Intramuscular (IM) injections, including vaccines, less than 24 hours before the session?**Yes ___ No___**
- Intra-articular therapy (joint injections, including IRAP, PRP, ProStride, stem cells, etc) less than 3 days before the session? **Yes ___ No___**
- Received Shockwave treatment within the past 5 days? **Yes ___ No___**
- Currently pregnant or in heat? **Yes ___ No___**
- Cancer or active infections? **Yes ___ No___**
- Blood clots, internal or external bleeding, or blood disorders? **Yes ___ No___**
- Heart conditions? **Yes ___ No___**

- Seizures, strokes, fainting, or blood pressure disorders? **Yes ___ No___**
- Cold sensitivity? **Yes ___ No___**
- De-nerved limb(s) within the past 2 years? **Yes ___ No___**
- Auto-immune condition or taking immunosuppressant drugs? **Yes ___ No___**
- Does horse have EPM and is actively receiving treatment? **Yes ___ No___**
    - *[PEMF cannot be used during <u>active</u> treatment of EPM]*

Has your animal ever been de-nerved? If so, specify limb(s)	
Is your animal taking any medications? If so, please let them and provide start/end dates (if applicable) ***PEMF creates more cell permeability and may increase absorption of medications, liniments, and topicals.**	
Other information *(breeding history, behavior, personality changes, reluctance to perform, noticeable imbalances, discomfort or crankiness, etc) etc)* *Any aggression or neurological deficiency of the horse must be disclosed by the owner prior to any session.*	
Brief description of why PEMF/Cryo/massage services are being requested	

Prior Session History

- Has animal ever had PEMF before? **Yes ___ No___** If Yes, when_____
- Has animal ever had Cryotherapy before? **Yes ___ No___** If Yes, when_____
- Has animal ever received a massage before? **Yes ___ No___** If Yes, when_____
- Has animal ever received red light therapy before? **Yes ___ No___** If Yes, when_____

The Spoiled Pony Liability Release Statement and Photo Release

I,_____, am allowing my animal(s),_____, to receive massage/cryotherapy/PEMF/red light therapy (therapeutic modalities) from Kailey King-Hale/Katie Fellion/The Spoiled Pony staff (practitioners).

I understand that PEMF, cryotherapy, red light therapy, massage therapy and other body work is not a substitute for medical treatment or medications, and that it is recommended that I work with my Veterinarian for any medical conditions that my animal may have. I understand that therapeutic modalities sessions are for supportive purposes only: general relaxation, relief from muscular tension, improvement of circulation, reduction of inflammation and facilitation of natural body processes.

I understand that the Practitioner cannot diagnose illness or disease and cannot prescribe medications. I understand that any information provided by the Practitioner is for educational purposes only, and is not diagnostically prescriptive in nature. To the best of my knowledge, I have informed the Practitioner of all my animal's known physical conditions, limitations, medical conditions and medications at the time of the session. It is my responsibility to update this information with the Practitioner and contact my Veterinarian if my animal's physical condition, limitations, medical condition or medications should change.

By signing this release, I hereby waive and release the practitioner and/or practitioner's company, The Spoiled Pony,LLC, and its owners, directors, officers, representatives, members, employees, or agents from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses and any other liability of any kind, or of to me, my property or any other person, directly or indirectly arising out of or in connection with the PEMF, cryotherapy, red light, massage, or other bodywork services provided by practitioner and/or practitioner's company. I hereby state that I am at least 18 years of age and have read, understand and agree to this Release Statement, that it is an informed release and that I intend to be legally bound by it. I understand the information below is intended for my safety and that of my horse(s) and/or dog(s).

No one has made any representations or claims to me of any treatment or cure of any disease or condition; or any promise of any specific or general results of any kind.

I release from all general, medical and any other liability or claims of any kind; and, I indemnify and hold harmless the Magnawave, Sports Innovation & American Cryo Subzero devices, the manufacturer, distributor, dealer and any of their employees or agents from any claim arising from or related to my use of the magnetic pulse generator, cryotherapy, red light device or massage. Should anyone acting on Signatory's behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless The Spoiled Pony, for all such fees and costs. I agree that this liability shall be interpreted and governed by the laws that the attending Practitioner resides in at the time of treatment.

Liability Release Signature _____

Printed Name _____

Date _____

Are you okay with pictures of your animal being posted on The Spoiled Pony's website, marketing documents, and social media channels? YES_____NO_____

The Spoiled Pony Client Policies Form

PLEASE READ: Your appointment is NOT confirmed until you have:

1. **Filled out the new client form(s) for your animal(s)**
2. **Signed the Client Policies Form (this document)**
3. **Signed the Liability Release Statement**

Thank you for choosing The Spoiled Pony - we look forward to working with you and your horse/hound!

To be eligible to receive services from The Spoiled Pony,LLC, all new clients must abide by this Client Policy. By scheduling an appointment with us beyond January 6, 2025, you agree to the following terms and conditions:

1) MEDICAL HISTORY DISCLOSURE
    - It is the client's responsibility to disclose the following information about their animal when booking **each** session and schedule the appointment accordingly:
        - Intramuscular (IM) injections, including vaccines, less than 24 hours before the session
        - Intra-articular therapy (joint injections, including IRAP, PRP, ProStride, stem cells, etc) less than 3 days before the session
        - Received Shockwave treatment less than 5 days before the session
        - Currently pregnant or in heat
        - Cancer or active infections
        - Blood clots, internal or external bleeding, or blood disorders
        - Heart conditions
        - Seizures, strokes, fainting, or blood pressure disorders
        - Cold sensitivity
        - De-nerved limb(s) within the past 2 years
        - Current equine protozoal myeloencephalitis (EPM) treatment

By signing this agreement, I understand that it is my responsibility as the owner, leasee, or agent of the animal(s) to notify my practitioner if any of the above changes. I understand that complications can occur despite the best management, safety practices, and care. The Spoiled Pony, LLC will not be responsible for incomplete or misinformation given by an owner or their proxy. A minor cannot act as a proxy or as an owner.

2) CANCELLATIONS AND NO-SHOWS
    - We respectfully ask that our clients make all changes (i.e. rescheduling) or cancellations to appointments 48 hours or more ahead of the scheduled session times.
        - **For all clients, appointments cancelled less than 48 hours prior will incur a $50 cancellation fee.**
        - **For all clients, appointments cancelled less than 24 hours prior will incur the full session charge**, minus travel fees (if applicable). At our discretion, rare exceptions will be made for unexpected veterinary procedures that warrant a waiting period before receiving services.
        - Alternatively, if the client needing to cancel their appointment can find a 'replacement' client/horse at the same location to take their place, cancellation fees will be waived.

3) PAYMENT TERMS

- Client assumes financial responsibility for all charges incurred to the animal for services rendered and understands that payment is required at the time of services unless otherwise pre-arranged payment options have been agreed upon. We accept the following payment methods: cash, check, Zelle, Venmo, and debit/credit cards with a 3% processing fee.
- We currently provide a fourteen (14) day grace period from the invoice date without incurring interest fees. Accounts not paid within these terms are subject to a 3% daily finance charge for each day the invoice remains unpaid.
- Further sessions cannot be scheduled until the previous session and/or previous cancellation fees are paid in full.

4) ADDITIONAL POLICIES

- We respectfully ask that horses be brought inside their stalls **before** their appointment start times. For safety and liability reasons, practitioners cannot catch horses in the field.
- For ranch/house calls, we respectfully request **all animals (including canines & small animals) to be secured before arrival** to ensure the safety of our practitioners.
- Any aggression or neurological deficiency of the animal must be disclosed by the owner prior to any session.
- We reserve the right to terminate any session at any point if the practitioner's, animal's, or animal owner's/agent's physical safety is deemed to be at risk. Any partial reimbursement will be at the discretion of the practitioner.
- The Spoiled Pony, LLC will not be responsible for injuries, including but not limited to injuries that are severe and/or fatal in nature, to owners and/or approved agents who are handling their own animal(s) during a visit.
- We reserve the right to refuse service to anyone.
- Any change in the name of either party of this Agreement shall in no way affect any of the provisions of this Agreement.

By signing this agreement, I acknowledge that I am 18 years old or older and that I am the owner or approved agent (trainer/manager/lessee) of the horse(s) receiving services from The Spoiled Pony, LLC. I have read and understand this document and will abide by the policies outlined above.

Client Policy Form Signature _____

Printed Name _____

Date _____

What to expect post-treatment

PEMF:
PEMF therapy for horses/dogs, also known as pulsed electromagnetic field therapy, is a type of treatment that involves the use of electromagnetic fields to promote healing in horses/dogs. It is based on the idea that electromagnetic fields can help to stimulate cell function and improve circulation, which in turn can help to reduce inflammation and promote healing. During a PEMF therapy session for animals, a device generates electromagnetic fields that are delivered to the animal's body through a series of pads or coils. These fields can penetrate the tissues and stimulate cell function.

As PEMF creates more cell permeability, thus medications and liniments may be absorbed more than intended. Animals may yawn, stretch, groan, sweat, or drool. The Spoiled Pony's practitioner will monitor your animal for signs of distress. If at any point you are concerned, please do not hesitate to ask questions or request that the session be stopped. After PEMF treatment, animals may experience increased urination and/or bowel movements alongside increased thirst.
It may require 2-5 treatments before results are experienced.

Localized Cryotherapy:
The cryotherapy procedure includes spraying the treatment area with pressurized dry vapor of carbon dioxide (CO_2) in short 30 to 90-second increments to achieve tissue temperatures as cold as -108° F. This process, called cryostimulation, causes constriction of the blood vessels in response to cold, followed by dilation and improved blood flow post-treatment, reducing inflammation and swelling and stimulating release of hormones like noradrenaline and Beta-Endorphins which are powerful natural pain killers. The rapid cooling of the skin and underlying tissue is used for pain management and stimulation of cell regeneration while the thermal shock improves blood flow in the treatment area and helps reduce inflammation.

The Subzero device can be loud, so earplugs are often used. Animals may react strongly to the sound and vapor, but The Spoiled Pony's practitioner will monitor your animal for signs of distress. If at any point you are concerned, please do not hesitate to ask questions or request that the session be stopped. After cryotherapy treatment, animals may also experience increased urination and/or bowel movements alongside increased thirst.
It may require 2-5 treatments before results are experienced.