



DIRT TO DIAMONDS LLC
2001 345th Ave SE
Max, ND 58759
701.426.0174

AGREEMENT

Dirt To Diamonds, LLC owner and therapist Kaycee Wilen, henceforth known as the

“Therapist,” and horse owner named: _____ henceforth known

as the “Owner” enter into this agreement for the therapy of the horse (s)

named _____

Beginning this date of: _____.

TERMS

- 1) Owner will notify Therapist of any current, previous and future health issues of named horse(s).
- 2) Owner and Therapist understand that there are serious risks to both the Therapist and named horse(s) involved with this therapy. The *Owner and Therapist accept all risks* involved with allowing named horse(s) to be treated by the Therapist. Owner will waive any and all responsibility from the Therapist for any risks involved to the Owners named horse(s). Therapist waives Owner as responsible for named horse(s) actions during therapy towards Therapist.
- 3) The type of therapy practiced by Kaycee Wilen is called, Structural Integration. It is strongly recommended in a 5-session series. The Owner is aware that he/she is not required to have a 5-session series completed on named horse(s). Owner acknowledges that a full series is the recommendation for this type of therapy to achieve optimal results.
- 4) Owner is aware that the Therapist will recommend exercises and stretches for the horse(s). Owner is not to take this advice above the diagnosis or recommendation of a veterinarian or misinterpret this advice to be a diagnosis of any kind.
- 5) Owner will provide feedback to the Therapist about the effects this therapy has on named horse(s).
- 6) Owner understands that named horse(s) will be affected from this therapy; such as but not limited to, changes in: Movement and Flexibility, Natural Balance, Behavior, and Performance.
- 7) Owner understands that the Therapist is not a Veterinarian. The Therapist is not diagnosing named horse(s) with any suggestions offered. **Owner will not take Therapists' suggestions as diagnosis.**
- 8) Owner will keep their veterinarian informed about any therapy the named horse(s) have received.
- 9) Owner understands that the Therapist is not an Equine Chiropractor, and even though she may suggest subluxations in areas, this is not a diagnosis of any kind.
- 10) Owner understands that some aspects of this therapy may mimic chiropractic treatment at times and is aware that this is not a chiropractic adjustment in any way. Should you like to have your horse adjusted chiropractic-ally, please contact an equine chiropractor.
- 11) Owner is aware that there are “contraindications” that prevent named horse(s) from being healthy enough to receive therapy. Owner has read the attached contraindications list and have listed any issues the named horse may have to the best of Owners’ knowledge. If Owner is unsure if named



horse(s) is a good candidate for therapy, it is the Owners responsibility to contact their veterinarian for approval.

- 12) Owner is aware that there are issues that named horse(s) may have that therapy cannot provide relief for. Some of these issues may never surface, or may not surface after the series is completed.
- 13) Owner is aware that therapy can cause a hoof abscess from loosening fascia, (it's like a detox, it is extremely rare but happens because the body is cleansing therefore it is a needed part of the therapy process.)
- 14) The Owner agrees to have named horse ready for therapy at the scheduled appointment time. Owner will have named horse, groomed, relatively sound and dry. (NO fly spray, show sheen or oils above the hock or knee). **It is best to have the horse 'cold' (no lunging) for the first assessment and the second assessment before the forth session.
- 15) Named horse(s) should have a quick assessment from Owner to note any changes to the horse's health or physical condition since the Owner has last seen the horse. If the horse's health has changed to a state that he cannot receive therapy, the Owners agrees to notify the Therapist *no less than 3 hours before the therapy is to take place*. Should Therapist arrive to work on named horse and the horse cannot receive therapy due to a health issue that prevents therapy, Owner agrees to pay the "No Go" for therapy fee of \$50.
- 16) Owner is aware that named horse should not be ridden or exposed to any strenuous exercise the day of the therapy, and a "half work day" the day after therapy.
- 17) The Owner should be aware that the horse will perform its best 3 days after the session.
- 18) If the owner chooses to add PEMF therapy, Owner is aware that The Magna Wave PEMF creates more cell permeability, thus medications and liniments may be absorbed more than intended.

FEES

Owner agrees to these fees:

\$75 per session of equine therapy.

*an assessment fee of \$50. (An assessment must be done on every new horse before receiving therapy to ensure that the horse is healthy enough for massage) without a session immediately thereafter.

\$100 - an assessment and session 1 same day

\$350 - an assessment and 5-session series package purchased no later then beginning session 2.

\$0.50/mile outside immediate area of Minot, Max, or Bismarck.

\$60 per hour of PEMF therapy

\$35 per half hour of PEMF therapy

I _____, "Owner" of named horses listed above have read this form to its entirety. I have also read the contraindications list and completed a health history form for each horse and attached to this agreement. I hereby affix my signature and agree to the terms listed in this contract. 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 or horses.

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 Magna Wave magnetic pulse generator, 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.

Signed: _____

Date: _____

Contraindications for Structural Integration

- Open wounds, deep sores, lacerations, or any severe ongoing pain source.
- Severe lameness
- Dangerous horse
- Current bowed tendon – can use ¼ pressure after a few weeks, can help from setting a compensation pattern into the body from the tendon.
- Severe joint pain
- Recent colic
- Current abscess
- Ringbone - Severe
- Founder
- Strangles
- Coggins
- Current fever or infection
- Degenerative ligament disorder (rare)
- Cushing's disease – late stages with dropped fetlocks
- Neurological disorders, such as Shivers (can look like lameness)

Considerations

- Navicular (there is a 50-50 chance this therapy may help).
- Mild to moderate lameness.
- Hoof-foot pain.
- Lost shoe – ok for first 2 sessions but must be corrected.
- Saddle fit issues
- Bute or any other pain-relieving medication
- Ulcers
- Mild Cushing's disease
- Undiagnosed physical issues.

Contraindications for PEMF therapy

- implanted medical device that has a battery
- pregnancy

Signed: _____

Date: _____



Intake form

Owners Name:	
Today's Date:	
Mailing address:	
Email address:	
Phone:	
Veterinarians Name:	
Last veterinary assessment date:	
Farriers Name:	
Last farrier appointment:	
Horses Name:	
Gender:	
Breed:	
Color:	
Age/birthday:	
Height:	
Disciplines:	
Temperment:	
Supplements or medications:	

List any conformation/structural, movement, or behavior issues (current and previous):

Briefly describe what you would like to see from this therapy:
