



# Bancroft School of Massage Therapy

## Equine Massage Certification Program

### Application Packet

**Check list:**

- \$50.00 non-refundable application fee
- Completed Application-signed and dated
- Completed Medical History Form-signed and dated (by the applicant)
- Documentation of Updated Tetanus Vaccine
- Essay
- Legal Standing of Animal Massage-signed and dated

**Equine Massage Program  
Application for Enrollment**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please indicate the starting date for which you are applying. Starts: \_\_\_\_\_

.....  
Please submit the names of two people as personal references that you have known at least one year and to whom you are not related.

Reference # 1 (name, address, phone, email)

Reference # 2 (name, address, phone, email)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all schools attended and degrees earned post (high school):

School	Dates attended	Date Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any **animal related** courses, trainings and/or certifications you have taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On a separate paper, please complete the following in essay form: "I want be certified in Equine massage because....." (minimum 500 words typed). Please include your experience, both personally and professionally, with animals.

To the best of my knowledge, all information stated above is correct.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

***Please submit this form with a \$50 application fee made payable to Doggone U  
Send to Doggone U, 333 Shrewsbury St. Worcester, MA 01604 Attn: Steven***

### Medical History Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Phone – Work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The Massage Therapy program that we offer for horses is very physical and strenuous. We would like you to take a moment to check off any injuries or medical complaints/conditions that you may have now or have had in the past. Please be specific. Good health is essential in order to successfully complete the certificate program.

- Arthritis                     Asthma                     Bleeding/Bruising                     Blood Pressure Problems
- Cardiac Issues (heart disease, surgeries, etc)                    (Low/High)
- Carpal Tunnel Syndrome                     Chronic Fatigue/ Fibromyalgia
- Depression                     Diabetes                     Dizziness/Fainting                     Epilepsy
- Hemophilia                     Hernia                     Joint pain/problems                     Pregnancy
- Psychiatric                     Vertebral/Disc problems
- Other (include any other conditions, syndromes, recent accidents and anything else pertinent to your health status):

Any musculoskeletal problems? \_\_\_\_\_

Upper Extremity: \_\_\_\_\_ Lower Extremity: \_\_\_\_\_

Lower Back: \_\_\_\_\_ Neck: \_\_\_\_\_

Are any of the symptoms aggravated by:

Standing? \_\_\_\_\_ Walking? \_\_\_\_\_ Sitting? \_\_\_\_\_ Bending? \_\_\_\_\_ Lying? \_\_\_\_\_ Massage? \_\_\_\_\_

Have you had any other illness, injuries, or operations? Yes\* \_\_\_\_\_ No \_\_\_\_\_

\*Please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been compelled to interrupt your work or study for a substantial period of time or substantially reduce your workload because of physical disability, illness, or emotional difficulties? \_\_\_\_\_

If yes, please attach a doctor's statement giving nature of ailment or disability.

Please list any medications taken on a regular basis and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been truthful and honest in answering the questions on this form. If my medical condition changes while I am enrolled in the school, I will notify my instructors at once of the changes. I understand that if this occurs, I may need to acquire a doctor's note to continue in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have a documented learning disability and/or any handicap, you must submit a diagnostic report in the format of a full medical evaluation from a licensed clinician. Bancroft requires that the report include a specific diagnosis and a narrative describing functional limitations of the disorder. This clinical evaluation will be used to provide the student with adequate accommodations to help the student successfully complete the program. The student may be provided with tutorials, oral or private testing, extra time allotted for exam and/or other accommodations listed in the clinician's report.

**IMPORTANT NOTE: Please attach documentation of updated Tetanus Vaccine**

## Legal Standing of Animal Massage

Federal, state and foreign laws regarding animals and massage can vary widely. Laws such as veterinary practice acts, massage therapy or parlor acts, chiropractic acts, physical therapy acts, and other rules pertaining to animals vary from state to state and possibly from town to town. Laws, rules and regulations can change without advance notice and may affect whether and how a massage practitioner is able/not able to perform massage on animals. It is also possible that courts or licensing authorities may interpret these laws, rules, and regulations in a way which may affect animal massage.

Bancroft School of Massage Therapy will try to stay abreast of current and pending legislation. However, it is the sole responsibility of individuals applying to and enrolled in our program to determine what rules, laws and regulations apply in the jurisdictions, counties, towns, states, or countries where they intend to practice animal massage. We encourage you to look up your state's veterinary practice act to determine if massage is considered part of veterinary practice in your state. Be aware that various web sites have their own interpretations of state laws that may not be up to date.

I \_\_\_\_\_ have read and understand the above information on this date \_\_\_\_\_  
(Name of Student - Please Print)

\_\_\_\_\_  
(Signature of Student)