

# Brandenburg Equine and Canine Massage Therapy

## Equine Massage Therapist Certification Program Enrollment Application

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Name \_\_\_\_\_

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

City & State \_\_\_\_\_

Phone Number \_\_\_\_\_

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

\* \* \* \* \*

Please list any previous experience and education (training, certifications or titles held) in horse-related fields.

Horse-related activities:

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Classes will be held the first full weekend (Fri., Sat., Sun.) of each month

First class choice \_\_\_\_\_ Second choice \_\_\_\_\_

A \$300 non-refundable\* deposit is required with your application. Please include your check or money order payable to Brandenburg Equine and Canine Massage Therapy. We also accept Visa and Mastercard.

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

\*you may reschedule if necessary

Brandenburg Equine and Canine Massage Therapy  
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Martins Ferry, OH 43935  
740-633-6639