

# Brandenburg Equine and Canine Massage Therapy

## Equine Massage Therapist Certification Program Enrollment Application

---

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:

---

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

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

The non-refundable \$995 course fee 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 \_\_\_\_\_ CVV \_\_\_\_\_

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

\*you may reschedule if necessary

Brandenburg Equine and Canine Massage Therapy  
610 Hickory St.  
Martins Ferry, OH 43935  
740-633-6639