



LESSON REGISTRATION FORM

YEAR: 20__

CONTACT INFORMATION:

Student Name: _____

Parent/Guardian
Name: _____

Address: _____

City/State _____ Zip Code: _____

Phone: Home: _____ Business: _____ Cell: _____

E-mail: _____ DOB: _____

OTHER IMPORTANT INFORMATION:

Employer/School: _____ City: _____

How did you learn about this program? _____

INSTRUCTIONS: Check the location and the lesson you desire. We'll contact you re: time slot.

Coupeville

Greenbank

Langley

- Riding Individual
- Riding Group
- Adaptive Riding (Physicians letter needed)

Riding Lesson: \$75/lesson

Adaptive Riding Lesson: \$75/lesson

Group Riding lesson: \$35/lesson

Scholarship Rate (50% discount): based
financial need/limited] – Please note: Scholarships
are only available with sweat equity..

PHOTO RELEASE

Student Name: _____

I DO ...

or

I DO NOT ...

Consent to/authorize the use and reproduction by **EQUESTRIAN CROSSINGS** of any/all photographs and/or audio/visual/electronic materials taken of person/child for educational activities, medical progress, promotional materials, exhibitions, and/or for any use for the benefit of the person/child or the program.

Signature: _____ Date: _____
Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student: _____

EqX CONFIDENTIALITY POLICY

Due to the nature of therapeutic horseback riding, it is Equestrian Crossings' [EqX] policy that all information pertaining to our students, their families, staff and volunteers shall remain privileged and confidential. This information may include, but not be limited to, any medical, social, referral, personal and/or financial information that may be disclosed due to participation in this program.

Disclosure of any confidential information shall not be made to anyone not associated with EqX. Discussions involving any student shall be limited to progress reports, appropriate mounted/un-mounted safety guidelines, and other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a "need to know" basis and in keeping with the confidential nature of our clients' records. Each student shall be assured of record confidentiality and only authorized staff will have access to a secured records location.

Interviews or other forms of public discussions with any public relations media, through either television, radio, print, or any other type of publications, is strictly prohibited by any volunteer. All such matters shall be directed to the Board of Directors for appropriate action.

Since our intentions are to safeguard our students, this policy is designed to ensure that the privacy of our students, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of the EqX organization. Such a breach of confidentiality may also constitute grounds for legal action.

Failure to adhere to the EqX Confidentiality Policy by any staff or volunteer may result in corrective actions being taken and/or even termination of their service with EqX.

I have read, understand, and agree to abide by the EqX Confidentiality Policy.

Signature: _____ Date: _____
Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student: _____



Equestrian Crossings
A 501(c)(3) Non-Profit Corporation

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info@equestriancrossings.org
www.equestriancrossings.org
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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Please check all that apply: Student

Name: _____
Address: _____
City/State _____ Zip Code: _____
Phone: Home: _____ Business: _____ Cell: _____
E-mail: _____ DOB: _____

Physician's Name: _____
Physician's Phone: _____
Preferred Medical Facility: _____
Facility's Phone: _____
Health Insurance Company: _____
Policy #: _____ Group #: _____
Allergies: [Food/Drug, etc] _____
Date of Last Tetanus Shot: _____
Current medications: _____

In the event of an emergency, contact:

Name: _____
Relationship: _____ Phone: _____ Cell: _____

Name: _____
Relationship: _____ Phone: _____ Cell: _____

WHERE DREAMS MEET OPPORTUNITIES!

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, **I DO** authorize **EQUESTRIAN CROSSINGS** to:

1. Secure and retain medical treatment and transportation, if deemed needed.
2. Release client records, upon request by the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life- saving" by the physician. This provision will only be invoked if an emergency contact listed above is unable to be reached.

Participant's Signature: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian (if participant is a Minor): _____

Print Name: _____

Relationship to Participant: _____ Date: _____

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I **DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property operated by **EQUESTRIAN CROSSINGS**. In this case, I understand that:

- Please initial. A parent or legal guardian will remain on site at all times during equine-assisted activities;
 In the event emergency treatment/aid is required, I wish the following procedure to take place:

Participant's Signature: _____

Print Name: _____

Date: _____

Signature of Parent/Guardian (if participant is a Minor): _____

Print Name: _____

Relationship to Participant: _____ Date: _____

NOTE: FORM MUST BE UPDATED ANNUALLY.

STUDENT HEALTH HISTORY

Student Name: _____
 Date of Last Tetanus: _____ DOB: _____

HEALTH HISTORY:

Diagnosis _____ Date of Onset: _____
 Diagnosis _____ Date of Onset: _____

Please indicate "special needs" in the following areas: *(Attach separate page if necessary)*

Current or Past "Special Needs"	YES	NO	COMMENTS
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/ Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			
PTSD			

Describe your abilities/difficulties in the following areas *(include assistance required or equipment needed):*

PHYSICAL FUNCTION *(i.e. Mobility skills: transfers, walking, wheelchair use, driving/bus riding):*

PSYCHO/SOCIAL FUNCTION *(i.e. Work/School, grade completed, leisure interests, relationships,-family structure, support system, companion and animals, concerns, etc.):*

GOALS *(i.e. Why are you applying? What would you like to accomplish? e.g., improve strength/balance, verbal skills, social skills, control emotions, competition, recreation, etc.):*

Signature: _____ Date: _____

Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student: _____

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

Student Name: _____

I, _____, hereby acknowledge that I and/or my legal guardian, have voluntarily registered to participate in equine activities with the EQUESTRIAN CROSSINGS.
[Initial the following paragraphs to show you understand and agree.]

I fully understand that equine-assisted activities, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release EQUESTRIAN CROSSINGS and its agents from all liability for any and all injuries caused by my participation in equine-assisted activities.

I fully understand that an animal (horse), irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, high wind or snow sliding off the roof, or sudden appearance of another animal, person or machine can cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release EQUESTRIAN CROSSINGS and its agents from liability for any and all injuries to me from my participation in equine-assisted activities.

I fully understand that equine-assisted activities on any type of terrain can be dangerous to my horse and me and that this danger increases when moving fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while moving at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I also understand that while participating in this high-risk sport, it is highly recommended and even required for participation in most equine-assisted activities to wear an ASTM SEI-approved equestrian helmet to be worn. I fully assume the responsibility for all of these dangers and risks, and completely release EQUESTRIAN CROSSINGS and its agents from all liability for any and all injuries to me from the dangers and risks as stated above.

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to equine-assisted activities and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and equine-assisted activities. I completely release EQUESTRIAN CROSSINGS and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and my participation in equine-assisted activities.

I fully understand the EQUESTRIAN CROSSINGS, not having its own property to conduct lessons and events at, must enter into agreements with various equestrian facilities, organizations and private property owners in order to provide appropriate locations for equine-assisted activities. In consideration for the privilege to use such facilities and property, I hereby completely release Equestrian Crossings and its agents from any and all liability caused by any and all risks and/or injuries due to the location(s) chosen. In addition, I completely release any and all such facilities, organizations, and private property owners and their agents from any and all risks and/or injuries to me from my participation in equine-assisted activities at these locations.

The following locations, organizations, and owners and their agents are included:

Reinshadow Ridge Arena
Jerry and Connie Lloyd
3893 Canter Lane
Greenbank, WA 98253

Other arenas and owners as noted

_____	_____
_____	_____
_____	_____

I agree not to sue, claim against, attach the property of or prosecute EQUESTRIAN CROSSINGS, its officers, board members, affiliated organizations, agents, employees and/or its volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by negligence or from any other cause.

I agree to defend, indemnify and hold harmless EQUESTRIAN CROSSINGS and all of its officers, board members, affiliated organizations, agents, employees and volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by their negligence or from any other cause.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives.

THIS IS A RELEASE OF LIABILITY.

DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND
AND/OR AGREE WITH ITS TERMS.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself and/or my legal ward of my own free will.

Signature: _____ Date: _____
Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student: _____

STUDENT & VOLUNTEER SAFETY RULES

1. **BE ALERT!** “Equine-related” activities involve working with, on and around horses! And horses can be lots of fun, but are inherently risky and can be dangerous.
2. **WEAR YOUR HELMET!** Students must wear their helmet when working on or around horses!
3. **DON'T GO IT ALONE!** Unless deemed fully “independent”, students must wait for an **EqX** Volunteer to be with them before entering a horse's stall or approaching a tied horse.
4. **ALWAYS WALK!** Don't run when working around or with horses.
5. **DON'T GET KICKED!** Never approach a horse from the rear! A horse cannot see behind him and if surprised, may “Kick 1st and ask questions later!” **OUCH!!** Walk towards your horse's shoulder and neck.
6. **TALK WITH YOUR VOICE!** Always talk to your horse before approaching or touching him. Let the horse know you are there, are not going to hurt him, and wait for him to accept you.
7. **TALK WITH YOUR HANDS!** After your horse knows you're there, keep a hand on his body as you walk around him and talk reassuringly to him so he knows where you are.
8. **HITCH YOUR HORSE SAFELY!** Never tie a horse using the reins and bridle! If you have to tie him, use a quick-release knot, ground tie or simply wrap the lead rope attached to his halter around the hitching post.
9. **LEAD FROM THE LEFT!** Traditionally, you lead a horse from the left side by placing your inside hand about 12-18” away from his halter. When leading with an **EqX** Volunteer, always let the EqX Volunteer be between you and the horse.
10. **LEAD WITH A RELAXED LEAD ROPE!** Keeping your lead rope loose between you and your horse helps your horse relax. Always make a “butterfly” [*Don't wrap it!*] with the excess lead rope to hold in your outside hand. Don't let the rope drag on the ground so you and your horse don't trip on it. Learn to lead from both sides.
11. **YOU ARE THE HERD LEADER!** Keep your shoulder in line with your horse's ear when you lead to help your horse understand that you are in charge. Use your voice and body language to give directions. Looking ahead helps you become your horse's protector.
12. **DON'T YANK YOUR HORSE!** Use gentle ‘pressure & release’ commands on horse's halter or rope! Don't jerk/yank on his halter or lead rope. **NEVER** get in front and pull your horse. Remember, some of our horses are “old timers” and need time to get what you are saying.
13. **REMEMBER THE “2 + 2” RULE!** Keep at least 2 horse lengths between your horse and the next horse. If you need more room, either slow down, stop, make a short circle towards the inside of the arena, or safely cut across the arena to get back on the rail.
14. **FOLLOW YOUR HORSE!** If your horse pulls back, step back with him. Don't pull against him. He will go forward again since you have acknowledged his need. And look around! He may have seen something you hadn't noticed!

15. **WATCH YOUR HORSE!** If the horse rears up, release the hand closest to the halter to avoid being pulled off the ground. However, don't completely let go of the rope, if safely possible.
16. **WATCH WHERE YOU'RE GOING!** Be aware of your surroundings and help keep your fellow students and **EqX** Volunteers be aware, too. Let everyone know when you see a dog or hear a loud truck passing by. This gives everyone time to get ready!
17. **DON'T PLAY LIMBO WITH YOUR HORSE!** When tacking, grooming, or moving around your horse, never go under his neck or belly. He may surprise you by bringing his leg up or his head down fast.
18. **WATCH YOUR FINGERS!** Pet the horse on his neck and shoulders. Do not "dab" at his nose because his may think they are a treat!
19. **TAKE OFF HIS TACK INSIDE THE STALL!** After leading a horse into his stall, turn him so he faces the stall door entrance. Close the door before removing his tack. Make sure you can open the door from the inside or have someone wait for you on the outside.
20. **BE GENTLE WITH THE BIT!** Your instructor or EqX volunteer will help bridle your horse. Be very gentle when you pull on the reins and never yank them to help keep their mouth from getting sore.
21. **TIGHTEN THAT GIRTH TWICE!** When saddling or harnessing, remember to tighten the girth SLOWLY. Abrupt pulls on the girth can pinch the horse's skin and you may get a bite to let you know it. Adjust your saddle carefully with the girth just tight enough so that the saddle and pad will not shift. BUT be sure the girth is fully tightened before mounting!
22. **GIVE HIM A STRETCH!** It also helps to stretch the horses' front legs to get the skin wrinkles out. And it feels good, just like when YOU stretch before exercising.
23. **WAIT TO MOUNT!** "Patience is a virtue" and important for your safety! Wait until your Instructor says it's OK to mount your horse.
24. **WHEN IN DOUBT, ASK!** Remember, there are NO dumb questions. Your **EqX** Instructors and Volunteers are here to help EVERYONE!
25. **TALK TO US!** Please let your **EqX** Instructor or Volunteer know IMMEDIATELY if you are uncomfortable or unsure about anything -- Your "team" assignment, uncertainty about any task you've been given -- WHATEVER! We value your opinion! "Equine" activities should be fun! REMEMBER, horses (and people) are very sensitive "creatures" and can feel OUR pain and discomfort. If we don't know there's a problem, we can't fix it! So speak up and talk to us!

Signature: _____ Date: _____
Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student/Volunteer: _____

STUDENT RULES & RESPONSIBILITIES

I, _____, Student, do hereby acknowledge that I and/or my legal guardian, on my behalf, have read and agree to comply with the following **EqX STUDENT RULES & RESPONSIBILITIES**:

1. CLOTHING RULES:

- ✓ Wear layers that are warm and comfortable for a variety of temperatures.
- ✓ No halter or spaghetti-strapped tops or muscle shirts.
- ✓ Long pants are strongly recommended.
- ✓ Gloves and rain gear are highly recommended.
- ✓ Boots or closed-toe/heel shoes are required.
- ✓ NO sandals or slip-ons!
- ✓ Lessons are rain or shine, unless arrangements have been made otherwise!
- ✓ For safety reasons, remove all loose jewelry (e.g., earrings, bracelets, necklaces).
- ✓ You MUST provide your own helmet.

2. ATTENDANCE RULES:

- ✓ Show up for every lesson or call 24 hours in advance of a future absence.
- ✓ Arrive at your scheduled lesson time or a little early!
- ✓ Lessons include grooming and tacking time.
- ✓ Students more than 10 minutes late will be unable to participate in that day's lesson.
- ✓ Sign-in on the Daily Insurance Log.

3. BEFORE YOUR LESSON BEGINS:

- ✓ Check your Lesson "Horse & Student" List for your horse assignment, EqX Volunteers assigned and tack needs.
- ✓ Have your ASTM/SEI-approved riding helmet on before approaching the horses.
- ✓ Greet your EqX Volunteer
- ✓ Gather assigned grooming tools and tack before getting horse out.
- ✓ Greet your horse!
- ✓ Properly lead your horse to/from its stall, with your EqX Volunteer, if needed.
- ✓ Groom and get to know your horse.
- ✓ Tack your horse.

✓ Take your horse out for their warm-up walk around the arena.

4. **DURING YOUR LESSON:**

- ✓ Wait for the Instructor to assist with mounting and dismounting.
- ✓ Listen to directions and DO your best.
- ✓ Have fun while you learn!

5. **AFTER YOUR LESSON:**

- ✓ Cool down your horse with a walk around the arena.
- ✓ Offer your horse water.
- ✓ Untack your horse.
- ✓ Groom your horse.
- ✓ Put away all your horse's tack and grooming supplies.
- ✓ Give your horse a treat (in bucket) and check stall water and [if needed] muck stall with your EqX Volunteer's help.
- ✓ Thank your WHOLE EqX Team, including your horse, for their support and a great ride!
- ✓ Sign out of the Daily Insurance Log.
- ✓ DON'T FORGET to take your helmet home!

BUT MOST IMPORTANTLY ...

**Respect yourself!
Respect your fellow students!
Respect your EqX Volunteers!
Respect your horse!**

**And of course,
Respect your EqX instructors!**

Signature: _____ Date: _____

Parent/Guardian (if a Minorr

Print Name: _____ Relationship to Student: _____



Equestrian Crossings

A 501(c)(3) Non-Profit Corporation

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Freeland, WA 98249
(360) 320-1573

Email: info@equestriancrossings.org
Website: www.equestriancrossings.org
[rev 100515]

“Special Needs Riders ONLY”

LETTER TO PHYSICIAN

Date: _____

Dear Treatment Provider:

Your Patient, _____ has contacted our Organization and is interested in participating in supervised horse riding or other equine-related activities.

EQUESTRIAN CROSSINGS is a 501(c)3 non-profit equine-assisted activities program. We are an ALL inclusive and integrated program offering sport riding (English and Western), in-hand (ground work), vaulting, and adaptive riding lessons to all persons regardless of age or ability including those with special needs on Whidbey Island.

We are excited to be able to provide this “all-inclusive”, integrated program to the people of Whidbey Island and surrounding areas.

Our lessons are available for individuals as young as 5 years old to any age for nearly all horsemanship stages, abilities and disabilities. All classes are tailored around each student’s individual capabilities and skill level. No prior horse experience is necessary, only a desire to learn and have fun!

We offer individual and group classes for children, adults, individuals with “special needs” and families. Our instructors teach a variety of classes that can accommodate the desires and needs of each individual:

- Riding: For those who want to learn to ride, we offer English and Western disciplines.
- In-Hand Groundwork: For those who want to work with horses *without* riding them, we offer horsemanship groundwork, unmounted/in-hand lessons.
- Special Needs: For those with special needs, adaptive lessons in all disciplines with specially trained and certified instructors.

In order to safely provide this service, our Organization requests that you complete the attached Medical History Form.

Please note that ANY of the following conditions MAY suggest precautions and contraindications to equine-related activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

MEDICAL / PSYCHOLOGICAL

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical / Sexual / Emotional Abuse
- Blood Pressure Control
- Dangerous to Self or Others
- Exacerbation of Medical Condition (i.e., RA/MS)
- Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Thought Control Disorders
- Weight Control Disorder
- PTSD

NEUROLOGIC

- Hydrocephalus / Shunt
- Seizure
- Spina Bifida / Chiari II Malformation

- Tethered Cord / Hydromyelia

ORTHOPEDIC:

- Atlantoaxial Instability – Including Neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossifications / Myositis Ossifications
- Joint Subluxations / Dislocations
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion / Fixation
- Spinal Joint Instability / Abnormalities

OTHER

- Age – Under 4 Years
- Indwelling Catheters / Medical Equipment
- Medications – i.e., Photosensitivity
- Poor Endurance
- Skin Breakdown

CONSENT FOR RELEASE OF INFORMATION

I, the student/patient, hereby authorize:

to release information from the records of:

Student's Name: _____ DOB: _____

This information is to be released to **EQUESTRIAN CROSSINGS**, for the purpose of developing an "equine activity program" for the above-named Student. The information to be released is:

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Individual Habilitation Plan (I.H.P.) |
| <input type="checkbox"/> Physical Therapy evaluation, assessment and program plan | <input type="checkbox"/> Classroom Individual Education Plan (I.E.P.) |
| <input type="checkbox"/> Occupational Therapy evaluation, assessment and program plan | <input type="checkbox"/> Psychosocial evaluation, assessment and program plan |
| <input type="checkbox"/> Speech Therapy evaluation, assessment and program plan | <input type="checkbox"/> Cognitive-Behavioral Management Plan |
| <input type="checkbox"/> Mental Health diagnosis//treatment plan | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

Signature: _____ Date: _____

Parent/Guardian (if a Minor)

Print Name: _____

Relationship to Student: _____

STUDENT MEDICAL HISTORY & PHYSICAL EXAM

[TO BE COMPLETED BY PHYSICIAN] – “Special Needs Riders ONLY”

Student Name: _____

General:

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Date of Last Physical: _____ Date of Last Tetanus Shot/Immunizations: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Allergies: [Food/Drug, etc] _____

Medications: _____

Seizures: Type: _____ Controlled: Y N

Date/Severity of Last Seizure: _____

Special Precautions/Needs: _____

Mobility: Braces/Assistive Devices: _____

Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

For those with Down Syndrome:

AtlantoDens Interval X-rays, Date: _____ Results: + - _____

Neurologic Symptoms of AtlantoAxial Instability: _____

Please indicate current/ past special needs in the following systems/areas, including surgeries:

SYSTEM / AREAS	YES	NO	COMMENTS <i>(Please be thorough)</i>
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
PTSD			

STUDENT MEDICAL HISTORY & PHYSICAL EXAM

[To be completed by Physician]

Student Name: _____

TO WHOM IT MAY CONCERN at EQUESTRIAN CROSSINGS:

To the best of my knowledge, as the Treatment Provider for _____, there is no reason why this person cannot participate in supervised equine activities.

However, I understand that EQUESTRIAN CROSSINGS will weigh the medical information I have given above against the existing precautions and contraindications as per NARHA/CHA/AVA guidelines.

I, therefore, concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Signature: _____ Date: _____

Name/Title: _____ MD DO NP PA Other: _____

Medical Facility Address: _____

City/State/Zip: _____

Phone (Work) _____ Licensed/NPI #: _____

After-Hours Emergency Number: _____

PHYSICIAN'S NOTES:
