

MANE & TAILL Therapeutic Horsemanship Academy

Date _____

Rider's Name _____ Birth Date _____

Address _____

Phone (home) _____/(cell) _____/(work) _____

Email _____

Name of Parent or guardian _____

Riders School _____ or Occupation _____

Physician's Name _____ Phone () _____

Person to be contacted if parent/guardian cannot be reached:

Name _____ Relationship to Rider _____

Phone () _____/() _____

Rider's Disability _____

When would you prefer your lessons? (Mornings/Evenings, Weekdays/Weekends)

Summer _____

School Year _____

Rider's Interests/hobbies _____

Has rider been on a horse before? No _____ Yes (describe) _____

How did you learn about MANE & TAILL Therapeutic Horsemanship Academy?

Any additional information which may assist us in making this a great experience for you or your child: _____

Medications (include prescription, over-the-counter; name, dose, and frequency)

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

Physical Function (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

Psych/Social Function (i.e. Work/school including grade completed, leisure interests, relationships-family structure systems, companion animals, fears/concerns, etc)

Goals (i.e. Why are you applying for participation? What would you like to accomplish?)
