



## **Client Policies and Procedures**

Welcome to HorsePower! We hope to provide you with a fun learning environment while facilitating recovery, health, and well being.

The following is information necessary for us to ensure that you have a safe, fun, and successful experience here at HorsePower. Clients, parents/guardians, and guests are responsible for following rules and regulations at all times. Any violation may be considered a reason to be dismissed from the lesson or facility.

### **Client Forms**

To ensure a smooth registration process, all registration forms must be filled out completely and accurately, and submitted to a HorsePower staff member before the registration deadline. New clients will receive a New Client packet, while returning clients will receive specific forms tailored to them. **ALL** participants are required to have an up-to-date physician's medical release on file. Our staff will inform you if your medical release is nearing expiration. For those receiving Occupational Therapy or Physical Therapy, corresponding forms are also necessary. Please note that failure to submit the required paperwork by the registration deadline may result in dismissal from the session. If you have any questions about the registration paperwork, feel free to reach out via email at [coordinator@horsepowersf.com](mailto:coordinator@horsepowersf.com).

### **Program Schedule and Fees**

#### **Hippotherapy - \$870/ 7-8 week session - Not currently offered**

Hippotherapy lessons are 45 minutes in length and are one on one. Session activities and goals vary on a case by case basis depending on the individual's goals and abilities. Each Hippotherapy session consists of 1 treatment a week with a therapist throughout the scheduled session. Make-up treatments are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled treatment.

#### **Therapeutic Riding - \$600/ 7-8 week session**

Therapeutic Riding Lessons are 45-60 minutes in length dependent on whether the classes are individual or group lessons. Each Therapeutic Riding session consists of 1 lesson a week during the scheduled session with a riding instructor. Make-up lessons are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled lesson.

#### **GroundWork - \$370/ 7-8 week session**

Ground Work lessons are 30 minutes in length regardless of whether they are group or individual. Each Ground Work session consists of 1 class a week during the scheduled session with an instructor. Make-up lessons are scheduled if HorsePower is closed due to health of the horse or instructor, or due to weather-related issues, **NOT** if a client is unable to make his/her scheduled lesson.

### **Participant Dismissal From Activities**

Clients, parents, and guardians should understand that there are specific circumstances that may necessitate the removal of participants from equine activities. These circumstances include, but are not limited to:

- Incomplete or unsubmitted forms.
- Any demonstration of harmful or threatening behavior towards the facility, individuals, or animals.
- Failure to settle the account balance by the conclusion of the session.
- Noncompliance with established rules, regulations, or policies.

### **Eligibility Criteria**

To ensure the well-being of our horses, we have established a weight limit of 190 pounds; however, this may vary based on the specific horses in our care. The minimum age for participants in Hippotherapy is two years, while for Therapeutic Riding, it is five years. Our instructors maintain the authority to make discretionary decisions regarding eligibility for their programs.

### **Risks of Engaging in Equine Activities**

Although our horses are therapy horses, they are still animals. Please note that equine activities inherently involve risk.

**Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.**

### **Lesson Policies**

**Registration:** Clients must complete all required documents **by the registration deadline**. Late documents will not be accepted.

**Payments:** Sessions must be paid in full by the end of the 8 week session. Acceptable payments may be made in the form of cash, check, or credit/debit via your online invoice. Card payments **cannot be processed in house**.

**Absences:** We kindly request that you provide us with at least 24 hours' notice for any absences. Our lessons rely on volunteers who often travel long distances or use their paid time off to be present, so we ask for this courtesy on their behalf. If you cannot attend your lesson for any reason, please note that make-up lessons will not be scheduled, and refunds will not be issued.

**Make ups:** Please see **Cancellation & Rescheduling Policy** below for my information

**Tardiness:** Punctuality is of great importance. If, for any given reason, a client is later than 15 minutes for a lesson, HorsePower reserves the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

**Proper Clothing:** Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes (Please no sandals or croc-type shoes. Sneakers or boots with a heel are preferred). Helmets are required, HorsePower provides a variety of sizes, but personal equipment is encouraged. If a client has soiled pants, HorsePower cannot provide the lesson. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not be given.

**Supervision:** Clients who cannot transport themselves to lessons are required to have a parent or guardian present for the entire duration of the session. If siblings or other children accompany them, they must be supervised by the parent or guardian at all times and are not permitted to roam the property without adult supervision.

### **Cancellation & Rescheduling Policy**

Cancellations:

- Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible.
- Weather: We will closely monitor the weather during Summer and Winter to ensure the safety of both clients & horses. Please watch for a text or email regarding lesson status on days with extreme weather. If the Tri Valley school district cancels classes, we will also be closed. In cases of late openings or early dismissals, we will reach out to inform you about your lesson's status.
- Horse Health: If there is a health concern for one of our horses, lesson cancellation will be left up to Horsepower's discretion.

### Make up Lessons

- If you are unable to attend regular or make-up lessons for any reason, please note that make-up lessons will not be rescheduled, and no refunds will be issued.
- Make-up lessons can only be rescheduled for cancellations caused by the health of the horse or instructor, or due to weather-related issues.
- Each client is entitled to one make-up lesson per 7-8 week session. If additional lessons are missed due to weather, horse, or instructor health, a credit will be applied to the client's account or a refund will be issued.
- Lessons scheduled on holidays will not incur a charge, and no make-up lesson will be arranged for those dates.

### Refund/Credit

- Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted.

### **Safety Rules**

Safety is of utmost importance during equine activities. We ask that you use good judgment around other students and the horses. All of our staff are highly competent, and their instructions must be followed. If you don't know something or are unsure, please ask!

Please familiarize yourself (clients, volunteers, parents/guardians, and guests) with the following safety precautions:

- No running in the arena, barn or parking area
- No smoking
- Do not stand directly behind a horse. HorsePower horses are well trained, but it is always possible for a horse to spook and strike out
- No loud noises or yelling around the horses, in the barn or arena
- Children must be supervised at all times. Parents/guardians of children must remain on the HorsePower property for the duration of lessons.
- Do not pet or touch horses without permission from HorsePower staff. There are many horses on property that do not belong to HorsePower.
- Visitors are advised not to proceed down the road to the west of the main entrance, as this area is designated as the boarding space for Benson Equestrian Center.
- Pets are not permitted on the premises.
- Alcohol or illegal drug use is strictly prohibited.
- No abusive, threatening or violent behavior.
- No one may mount, dismount or ride a horse unless supervised by a staff member. No one may mount without the use of mounting blocks
- Please do not feed our horses without permission. Many of our horses have specific diet restrictions, and there is always the risk of being bitten.
- In the case of a loose horse, fallen rider, or any other emergency, do not panic. Rider safety is most important. Directions will be provided from an instructor.
- No cell phone use in the arena during lessons.
- **No photos** may be taken without permission. Some riders may be sharing an arena with others who have not given their consent to be photographed.

Our rules are in place for the safety and protection of all of our participants. Anyone failing to comply may be asked to leave and/or dismissed from our program.

**(Client Policies and Procedures document is for Client/Parent/Guardian record and does not need to be returned)**

## Client Registration Form

Please ensure that you print clearly or type, and **complete the form thoroughly and accurately**. Clients who are under 18 must have this form signed by a parent or guardian.

**Client Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ (We have a weight limit for horse safety so please make sure this is accurate.)  
**Gender Identification:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_  
**Race:** \_\_\_\_\_  
**Ethnicity:** ☐ Hispanic, Latino, or Spanish Origin ☐ Non Hispanic, Latino or Spanish Origin ☐ Unknown

### Client Address:

**Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Secondary Phone:**(\_\_\_\_\_) \_\_\_\_\_  
**Work Phone:**(\_\_\_\_\_) \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_ (If different than client)

**Parent/Guardian Address:**

**Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Secondary Phone:**(\_\_\_\_\_) \_\_\_\_\_  
**Work Phone:**(\_\_\_\_\_) \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

\*\*HorsePower communicates several changes and reminders via email. Please list the best email to reach you at

### Registration/Transport if different than above

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Primary Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Secondary Phone:**(\_\_\_\_\_) \_\_\_\_\_  
**Work Phone:**(\_\_\_\_\_) \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

### Emergency contacts:

**Name:** \_\_\_\_\_  
**Relationship to client:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Relationship to client:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

HorsePower would like to be able to communicate with your PT &/or OT (if applicable) after receiving completed Pre-Lesson forms to better facilitate lessons and goals. If you consent for HorsePower staff to contact your PT/OT as needed, please sign below:

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

### Acknowledgement

I acknowledge that I have received a copy of the HorsePower Client Policies and Procedures. I have been given the chance to ask questions and seek clarification. I agree to the terms outlined in this agreement and understand the potential consequences of failing to comply.

**Participant Name:** \_\_\_\_\_  
**Signature (Parent/Guardian if under 18):** \_\_\_\_\_  
**Date:** \_\_\_\_\_

## PAYMENT CONTRACT – 7/8 Week Session

Client's Name \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Contact person (other than above) for payments & fundraising:

Name \_\_\_\_\_  
Relationship to client \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Email address \_\_\_\_\_

Best way to contact you about lesson updates: Text ☐ Email ☐ Phone call ☐

Household Income: ☐ 0-9,999 ☐ 10,000-14,999 ☐ 15,000-24,999 ☐ 25,000-34,999 ☐  
35,000-49,999 ☐ 50,000-74,999 ☐ 75,000-99,999 ☐ 100,000+

Client Current Weight: \_\_\_\_\_

SESSION:(**circle one**)

New Year (Jan/Feb) Spring (March/April) Summer (June/July) Fall (Aug/Sept) Winter (Oct/Nov)

I am participating in: (**circle one**)

- Groundwork Only (**\$370**)
- Hippotherapy (**\$870**) - Not available
- Therapeutic Riding (**\$600**)

*Fees above are for 8 week sessions and will be altered accordingly for 7 week sessions. Fees are due by the end of the session.*

**Payment Terms:** *Please be aware that the client will not be able to join another session if any previous session has not been fully paid.*

Would you like information on a fundraising account : Yes / No

### WARNING

Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

I agree to the terms set forth in this agreement.

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

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## PAYMENT CONTRACT – 7/8 Week Session Cont'd

Please ensure that you complete the payment contract thoroughly. If you have any questions regarding this form, do not hesitate to reach out to the Program Coordinator. Additionally, this form requires a signature. Kindly return this signed page along with all the other pages.

### **Cancellations and missed sessions:**

**Absences:** We kindly request that you provide us with at least 24 hours' notice for any absences. Our lessons rely on volunteers who often travel long distances or use their paid time off to be present, so we ask for this courtesy on their behalf. If you cannot attend your lesson for any reason, please note that make-up lessons will not be scheduled, and refunds will not be issued.

**Tardiness:** Punctuality is of great importance. If, for any given reason, a client is later than 15 minutes for a lesson, HorsePower reserves the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

**Proper Clothing:** Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes (Please no sandals or croc-type shoes. Sneakers or boots with a heel are preferred). Helmets are required, HorsePower provides a variety of sizes, but personal equipment is encouraged. If a client has soiled pants, HorsePower cannot provide the lesson. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not be given.

**Cancellation & Rescheduling Policy:** Due to horse health and rider safety, lesson cancellation and rescheduling will be left up to Horsepower's discretion. Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible. Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted. Please see **Cancellation & Rescheduling Policy** in original New Client packet for more information.

**Supervision:** Clients who cannot transport themselves to lessons are required to have a parent or guardian present for the entire duration of the session. If siblings or other children accompany them, they must be supervised by the parent or guardian at all times and are not permitted to roam the property without adult supervision.

I have read, understood, and I hereby agree to the above policies.

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Print Name of Client

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Signature of Client/Responsible Party

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Date

## Liability Release

\_\_\_\_\_ (Client's name) would like to participate in Handi-Riders, Inc. DBA: HorsePower program(s) or activity. I acknowledge the risks and potential for risks of horseback riding and equine-related activities. However, I feel that the possible benefits for *me/my son/my daughter/my ward* are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever Handi-Riders, Inc. DBA: HorsePower, its Board and its employees, and property owners, for any and all injuries and/or losses *I/my son/my daughter/my ward* may sustain while participating in Handi-Riders, Inc. DBA: HorsePower activities, whether caused by negligence of the releasees or otherwise. Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while engaged in or participating in a Handi-Riders, Inc. DBA: HorsePower program or activity. Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further state and affirm that I have the authority to sign this release and have obtained the consent and or advice of any other person with a custodial or supervisory role in this minor's activities.

### WARNING

Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to §42-11-2.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Self, Parent, or Guardian)

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
(Self, Parent, or Guardian)

## Photo Release

### ***Photo Release not required to participate.***

I hereby consent to and authorize the use and reproduction by Handi-Riders, Inc. DBA: HorsePower, of any and all photographs of \_\_\_\_\_ (Client's name) and any other audiovisual materials taken of *me/my son/my daughter/my ward* for promotional printed, audio, or visual material, educational activities, and exhibitions or for any other use for the benefit of Handi-Riders, Inc. DBA: HorsePower and its programs.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Self, Parent, or Guardian)

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
(Self, Parent, or Guardian)

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the case that emergency medical assistance or treatment is necessary due to illness or injury while receiving services, being on the premises, or engaging in an approved activity of this agency, I **authorize** HorsePower to:

1. Obtain and arrange for medical treatment and transportation, if required.
2. Upon request provide client records to the authorized individual or agency involved in the medical emergency treatment.

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event I cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_

**Please fill out and sign one section below, either "Consent Plan" or "Non-Consent Plan".**

### CONSENT PLAN

This authorization includes X-ray, surgery, hospitalization and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed is unable to be reasonably reached.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NON-CONSENT PLAN

I do **NOT** give my consent for emergency medical treatment/aid in case of illness or injury while receiving services, being on the property, or participating in an authorized activity of the agency. **In the event emergency treatment/aid is required, I wish the following procedures to take place:**

\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Physician:

Your patient, \_\_\_\_\_ (client's name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our operating center requests that you complete/update the attached Medical History and Physician's Statement Form and Release. **Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding.** Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**Orthopedic**

Atlantoaxial instability-include neurologic symptoms  
Coxa arthrosis  
Cranial deficits  
Heterotopic ossification/Myositis ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures

Spinal fusion/Fixation

Spinal instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered cord/Hydromyelia

**Other**

Age-under four years  
Medications (i.e. Photosensitivity)  
Skin breakdown  
Allergies  
Physical/Sexual/Emotional abuse  
Dangerous to self or others  
Fire settings  
Hearing conditions  
Medical instability  
PVD  
Recent surgeries

Thought control disorders  
Indwelling catheters  
Poor endurance  
Medical/Psychological  
Animal abuse  
Blood pressure control  
Exacerbation of medical conditions  
Hemophilia  
Migraines  
Respiratory compromise  
Substance abuse  
Weight control disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the operating center at the address/phone/email indicated above.

Sincerely,  
Head Instructor  
HorsePower, Inc.

## RIDER'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

To be completed by the rider's Primary Physician. Please fill out **completely**.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Tetanus Shot (circle) Y / N Date of last Tetanus shot \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Onset \_\_\_\_\_

Seizure type \_\_\_\_\_ Controlled: Y / N Date of last seizure \_\_\_\_\_

Medications \_\_\_\_\_

\*\*\*\*\*For persons with Down Syndrome:\*\*\*\*\*

Cervical X-ray for Atlantoaxial Instability \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_ X-ray Date \_\_\_\_\_

\*\*\*\*\*For persons with Autism:\*\*\*\*\*

DSM-5 ASD Level of severity: Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Please indicate problems and/or surgeries in any of the following areas. If yes, please comment.

AREAS	YES	NO	COMMENT
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

**Mobility:** Independent Ambulation: Y / N Crutches: Y / N Braces: Y / N Wheelchair: Y / N

Please indicate any special precautions: \_\_\_\_\_

Physician's Statement: To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. **(See accompanying letter for precautions and contraindications.)**

This client has my permission to participate in HorsePower's Therapeutic Riding program(s) under appropriate supervision. Recommended Frequency: (One hour/1x/week is standard) \_\_\_\_\_

**This release is valid for the period of: (please circle one)      1 year      2 years      3 years**

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

Please print or stamp:

Physician Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## OCCUPATIONAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### **Pertinent Medical Information:**

Contraindications and/or Orthopedic Concerns:

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Assistive Devices (Splints, etc., and should they be worn when riding?):

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If applicable, please briefly describe the client's current performance and any suggestions for activities to address while at HorsePower:

Visual Perceptual and Visual Motor Abilities:

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Fine and Gross Motor Abilities (including motor planning):

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Response to Sensory Input (Proprioception, vestibular, tactile, etc.):

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Cognitive Abilities (Sequencing, short and long term memory, safety awareness, impulsiveness, etc.):

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Other activities or suggestions that may be beneficial:

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This release is valid for the period of (circle one):      1 year      2 years      3 years

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print, type, or stamp:

Name: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Optional) Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!**

## PHYSICAL THERAPY PRE-RIDING ASSESSMENT

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please indicate if the client has, or has a history of, the following problems by checking yes or no. If **YES**, please include **COMPLETE** information pertaining to the problem.

<b>Problem</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, or history of, please describe:</b>
ROM Limitations	_____	_____	_____
Recent Surgeries	_____	_____	_____
Hip Dislocation/Scoliosis	_____	_____	_____
Behavior Concerns	_____	_____	_____

<b>Special Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Use when riding? (Yes or No)</b>
Wheelchair	_____	_____	NA
Braces	_____	_____	_____
Walker/Crutches	_____	_____	NA
Eyeglasses	_____	_____	_____
Hearing Aide	_____	_____	_____
Other (Please describe)	_____	_____	_____

**Suggested Exercises:** \_\_\_\_\_

**Suggested Mounting/Dismounting Procedures:** \_\_\_\_\_

**Other Suggestions that might be helpful:** \_\_\_\_\_

This release is valid for the period of (circle one):      1 year      2 years      3 years

**Therapist's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print, type, or stamp:

Name: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Optional) Other Phone: \_\_\_\_\_

**THANK YOU FOR YOUR TIME AND SUGGESTIONS. PLEASE FEEL FREE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS!**

# Client Questionnaire

*Safety comes first at HorsePower. By answering these questions, you help us understand the clients abilities so we can choose the best lesson type and pair them with the horse that is the safest and most suitable for them.*

1. Can the Client sit upright in a chair without support?

- ☐ Yes
  - ☐ No
  - ☐ With support: please explain:
- 

2. Can the Client stand without assistance?

- ☐ Yes
- ☐ No
- ☐ With support (cane, walker, person, etc.)

3. How long can the client stand comfortably?

- ☐ Less than 1 minute
- ☐ 1–5 minutes
- ☐ More than 5 minutes

4. Can the Client walk short distances (10–20 feet)?

- ☐ Yes, independently
- ☐ Yes, with assistance (device or person)
- ☐ No

5. Does the Client have any pain, stiffness, or physical limits we should be aware of when riding?

- ☐ No
  - ☐ Yes: please explain:
- 
- 

6. Is the Client able to communicate if they are uncomfortable or need to stop?

- ☐ Yes, verbally
- ☐ Yes, non-verbally (gestures, signals, etc.)
- ☐ No

7. Can the Client focus on instructions or activities for several minutes?

- ☐ Yes
- ☐ Sometimes
- ☐ No

8. Can the Client wear a helmet for 45 minutes? *It is required for Clients to have a helmet on in our arena*

- ☐ Yes
- ☐ No

9. Is there anything else we should know to make the Client feel safe and comfortable? Allergies?

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## SCHEDULING

Client: \_\_\_\_\_

**New Year (Jan/Feb) Spring (Mar-May) Summer (June/July) Fall (Aug-Oct) Winter (Oct-Dec)**

**Please pick AT LEAST 3 times that will work for you, labeling them 1 - 3**, put an X in any other spots that will also work for you.. Please note: the more flexible you are the better odds that you will get a time that works for you. The parent, guardian, caregiver, transporter, staff, etc. that brought the participant out to the barn must stay **on-site** during the participant's lesson.

Hippotherapy: Not Available

Day/Time	Monday	Tuesday	Wednesday	Thursday
9:00-10:00				
10:00-11:00				
11:00-12:00				
12:00-1:00				
1:00-2:00				
2:00-3:00				
3:00-4:00				
4:00-5:00				
NOT ALWAYS AVAILABLE				
5:30-6:30				
6:30-7:30				
7:30-8:30				

Additional comments regarding scheduling: \_\_\_\_\_

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