



# Horse Heritage Educational Program

*P.O. Box 48  
Valley, WA 99181  
(509)844-2556  
[www.horseheritage.org](http://www.horseheritage.org)*

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Dear Prospective Horse Heritage Participant,

Thank you for your interest in Horse Heritage's Therapeutic Riding Program. Enclosed you will find general information on our program, the application process, and the required application paperwork.

The application process for the therapeutic horseback riding program requires all applicable forms to be completed prior to being evaluated by our PATH Intl Certified instructor. We require all paperwork to be filed at least 14 days prior to the start of your chosen session. The information you provide on the enclosed forms and the evaluation will assist us with scheduling and determining the goals and the appropriateness of the program for your child.

Should you have any questions regarding the application process, enclosed forms, or would like to arrange a visit or check on the class status, please contact us at (509)844-2556

Sincerely,

Elissa Wellhausen  
Director



# Horse Heritage Educational Program Therapeutic Riding Program

## ***Application Process & Participation Policies***

**Application Process:** Available on-line or upon request, Horse Heritage provides the required forms for participation, which must be fully completed and accepted by Horse Heritage. The following forms are mandatory prior to participation:

- **Participant Application and Questionnaire**
  - General Information**
  - Emergency Medical Treatment**
  - Waiver of Liability**
- **Medical History**

Each form must be signed by the appropriate party. (Note: the Medical History form must be signed by a physician.) We also ask that you please complete the Rider Questionnaire. There is a one time initial evaluation fee of \$40.

All application forms must be received by Horse Heritage staff at least 14 days prior to the start of any riding session.

**Initial Evaluation:** The initial evaluation includes a meeting between instructor, parent/guardian and rider. The personal goals of the rider are set, as well as any goal that the parents would like to have reached. Every attempt is made for the rider to then mount and ride. The instructor evaluates mobility, strength and equipment requirements. The cost of the initial evaluation is \$40 and payable at the time of the evaluation.

**Scheduling:** Horse Heritage offers sessions that are 3 or 4 rides in length of therapeutic riding lessons. Sessions are 30-60 minutes in length based on the individual's needs and schedule availability. Usually, participants with similar goals are grouped together. Sessions are scheduled two ways 1) multiple days within the same week or 2) once weekly for 3 or 4 weeks in a row. We find that this intensive therapy allows students to realize the benefits quickly.

**Attendance:** Horse Heritage expects consistent attendance by all participants. If you are unable to attend a regularly schedule session, notification must be made by calling the Horse Heritage office at (509)844-2556 as soon as the absence is anticipated so we may provide sufficient notice to staff and volunteers. **Due to our busy schedule and limited resources, there are no make-up opportunities for missed lessons unless Horse Heritage needs to cancel classes due to some unforeseen circumstance such as inclement weather.** At that time, all reasonable attempts will be made to notify participants at least 2 hours prior to the change.

**Attire:** Participants should dress weather appropriate and always wear long pants (even during summer), with sturdy-soled boots or shoes with a ¼ heel. Jackets and gloves are required for cold weather.

**Payment:** Lessons are prepaid on a session basis, and cost a total of \$60 for 3 rides, and \$80 for 4 rides. The tuition for each session is due by the first day of class unless a pre-arranged payment plan or ridership has been established through individual arrangement with our business office.

**Ridership Application:** Through fundraising, Horse Heritage is able to offer riderships up to the amount of funds available, in the form of adjusted fees to those who demonstrate need. Participants may apply by requesting a Ridership Application from the program or business office.



# Horse Heritage Educational Program Therapeutic Riding Program

## ***Statement of Participant Eligibility or Dismissal***

Horse Heritage Educational Program offers services to individuals with special needs. Eligibility for participation in Horse Heritage's program is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a PATH Intl center, Horse Heritage fully ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl as well as Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom Horse Heritages' programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in Horse Heritages' program. This determination is made on the basis of physical, behavioral and other limitations.

Individuals accepted into Horse Heritage's program are required to take part in periodic progress reviews and follow Horse Heritage's rules and procedures. During these reviews, or as the result of unusual occurrences during a program session, the Horse Heritage professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, Horse Heritage reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of Horse Heritage and/or the individual concerned.

**Horse Heritage reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and or/safety concerns including PATH Intl guidelines relating to contraindications for participation.**



# Horse Heritage Educational Program Therapeutic Riding Program

## Participant Application and Questionnaire

### **GENERAL INFORMATION**

Participant Name	DOB	Age
Primary Contact:	Relation:	
Address	Phone	
City, State, Zip	Alternate Phone	
Employer / School	Email	
How did you hear about Horse Heritage?		Gender
<i>Due to the safety of the riders, horses and volunteers there is a 190lb weight limit for riders. Riders weighing more than 130lbs must be able to transfer independently.</i>		
Height:	Weight:	

### **EMERGENCY MEDICAL TREATMENT**

Emergency Contact:	Relationship:	Phone:
Emergency Contact:	Relationship:	Phone:
Medical conditions requiring special consideration/treatment:		
Allergies:		
Current medications & dosage:		

### **PHOTO RELEASE**

I consent to and authorize the use and reproduction by Horse Heritage Educational Program of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.	
Signature of Participant	Date:
Signature of Parent	Date:



# Horse Heritage Educational Program Therapeutic Riding Program

## **WAIVER OF LIABILITY**

To the Parent(s)/Legal Guardian(s):

\_\_\_\_\_ would like to participate in the Horse Heritage Therapeutic Riding Program. During the time spent participating in programs using Horse Heritage Educational Program's horses and facilities, he/she will be expected to participate in many activities associated with horsemanship. Precaution and the safety is of the utmost importance. Horse Heritage Educational Program, however, requests your signature in agreement with the following statement.

- *I/We, the undersigned, in full recognition of the possible dangers and hazards inherent in any activity involving horses, do hereby agree to assume all the risks and responsibilities surrounding my child's participation in programs using Horse Heritage Educational Program horses and horse facilities; and further hereby defend, hold harmless, indemnify and release and forever discharge Horse Heritage Educational Program, and its staff members, from and against any and all claims, demands and actions on account of damage to personal property, injury, or death, which may result from my child's participation in programs utilizing Horse Heritage Educational Program's horses and horse facilities, which result from causes beyond the control of and without the fault or negligence of Horse Heritage Educational Program, or its employees/volunteers, during the period of my child's participation in the aforementioned program.*
- All minor participants are required to wear approved equestrian helmets, which Horse Heritage Educational Program will provide for program activities.
- **Under Washington law, an equine activity sponsor or and equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity. RCWA 4.24.530**

Parent/Guardian Signature:

Date:

Printed Name of Parent/Guardian:



# Horse Heritage Educational Program Therapeutic Riding Program

Diagnosis/Disability: \_\_\_\_\_

Please indicate current or past considerations in the following areas:

	Y	N	Comments
Vision (Glasses/contacts)			
Hearing (aids/implants)			
Sensation (over or under sensitive)			
Communication (ASL, gestures, delays)			
Heart (surgeries/implants)			
Breathing (asthma, oxygen)			
Digestion (gastronomy tube)			
Elimination (catheters, colostomy, incontinence)			
Circulation (varicose veins, hemophilia, reduced circulation)			
Emotional/Mental Health (depression, anxiety)			
Behavioral (aggression)			
Pain (headaches, joint pain)			
Bone/Joint (surgeries, fusions, arthritis)			
Muscular (weakness, low/high tone)			
Neurological (seizures, ataxias, tremors)			
Cognitive (age level & multi step directions)			
Allergies (hay, dust, dander)			

Physical Function - posture, balance, movement and coordination

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Psycho/Social Function – general attitude and behavior, support system, school dynamics

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Goals – List specific goals for the session (I.E. riding, behavioral changes, physical improvements, etc) \_\_\_\_\_

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



## Rider Notebook

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little about the riders they will be working with.

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

The rider's full name: \_\_\_\_\_

Please call the rider by a nickname: \_\_\_\_\_

Rider's birthday: \_\_\_\_\_ First began riding: \_\_\_\_\_

Rider's siblings: \_\_\_\_\_

Rider's interests or hobbies: \_\_\_\_\_

\_\_\_\_\_

Rider's goals for therapeutic riding: \_\_\_\_\_

\_\_\_\_\_

Anything else you want the volunteers to know: \_\_\_\_\_

\_\_\_\_\_



# Horse Heritage Educational Program Therapeutic Riding Program

## CONSENT FOR RELEASE OF INFORMATION

I hereby authorize \_\_\_\_\_  
*Person(s) or Place(s) releasing information*

to release information from the records of \_\_\_\_\_,  
*Participant's name*

DOB: \_\_\_\_\_.

The information is to be released to Horse Heritage Educational Program for the purpose of developing an equine activity program for the above-named participant. The information to be released is marked below.

\_\_\_\_\_ Medical History

\_\_\_\_\_ Physical Therapy evaluation, assessment and program plan

\_\_\_\_\_ Occupational Therapy evaluation, assessment and program plan

\_\_\_\_\_ Speech Therapy evaluation, assessment and program plan

\_\_\_\_\_ Psychosocial evaluation, assessment, program plan, discharge summary

\_\_\_\_\_ Classroom Individual Education Plan (I.E.P.)

\_\_\_\_\_ Cognitive-Behavioral Management Plan

\_\_\_\_\_ Other \_\_\_\_\_

This release is valid for one year and can be revoked, in writing, at my request.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Client, Parent or Legal Guardian*

Printed name: \_\_\_\_\_ Relation: \_\_\_\_\_

Please send the indicated material to Horse Heritage Educational Program at the address below. Thank You!

Horse Heritage Educational Program  
P.O. Box 48  
Valley, WA 99181  
(509)844-2556 www.horseheritage.org







# Horse Heritage Educational Program

*P.O Box 48  
Valley, WA 99181  
(509)844-2556  
www.horseheritage.org*

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

Dear Health Care Provider,

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

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. 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 Medical/Psychological**

- Atlantoaxial Instability – include neurological symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities
- Internal Spinal Stabilization Devices
- Scoliosis
- Kyphosis
- Lordosis

### **Neurologic**

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida
- Chiari II malformation
- Tethered Cord
- Hydromyelia
- Paralysis due to spinal cord injury (above T-9)

### **Medical Psychological**

- Allergies
- Animal Abuse
- Physical/sexual/emotional abuse
- Blood Pressure control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire setting
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance abuse
- Thought Control Disorders
- Weight Control Disorders

### **Other**

- Age – usually under 4 years
- Indwelling Catheters
- Medications, i.e., photosensitivity
- Poor Endurance
- Skin Breakdown

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 Horse Heritage at (509)844-2556.

Sincerely,

Elissa Wellhausen  
Director



# Horse Heritage Educational Program Therapeutic Riding Program

## PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant Name		DOB	Height	Weight
Address				
Diagnosis			Date of Onset	
Past/Prospective Surgeries				
Medications:				
Seizure Type		Controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last seizure:	
Shunt Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last revision		
Special Precautions (diet/needs/allergies)				
May Participate in all activities: <input type="checkbox"/> Yes <input type="checkbox"/> No		May Participate except for:		
Independent Ambulation <input type="checkbox"/> Yes <input type="checkbox"/> No	Assisted Ambulation <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No	Braces/Assistive devices:	
<b>For those with Down Syndrome:</b> AtlantoDens Interval X-rays, date: _____ Result: + - Neurologic Symptoms of AtlantoAxial Instability:				

**Please indicate current or past difficulties in the following systems/areas, including surgeries:**

	Y	N	COMMENTS:
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

**IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:**

**If you prefer to provide the requested information on your own medical form, we will accept that only when the below release section is completed, signed & dated & your form is stapled to our form.**

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Horse Heritage Educational Program will weigh the medical information above against the existing precautions and contraindications. Therefore, I refer this person to Horse Heritage for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_