



## Welcome Letter

Dear New Client and Family,

Thank you for choosing HART and welcome to the Horses Adaptive Riding and Therapy family! Our nonprofit organization was created to provide safe and satisfying equine-assisted therapy to adults and children in the Mid-Willamette Valley. These services are provided in a nurturing and wholesome environment where the needs of our clients come first.

HART's staff and volunteers create rewarding relationships with each special needs client in our programs. Our compassionate and knowledgeable staff are each uniquely qualified to offer a variety of equine-assisted therapies.

It can be confusing to know which equine therapy program to sign up for and our staff will help guide you in that choice.

**Hippotherapy** is provided by a licensed occupational therapist, Tanya (Toni) Bordadora. Toni received her hippotherapy education through the American Hippotherapy Association. Hippotherapy is linked to cognitive and emotional growth and physical improvements. The unique multi-dimensional movement of the horse is utilized to improve balance, motor skills, sensory integration, communication and muscle strength. Hippotherapy doesn't teach riding skills, but rather works on goals to improve independence in daily living. The unique relationship between client and horse increases motivation and enthusiasm for therapy, which facilitates goal attainment.

**Adaptive Riding** sessions are led by professional instructors with a passion for seeing clients flourish. Riders can receive a number of physical and neurological benefits due to the rhythmic, repetitive motion of the horse's gait including balance, strength and flexibility.

**Personal Development** is led by a professionally certified equine-assisted psychotherapist and master social worker, Lee Ann Nail. This emotional and behavior support program is designed to help clients with emotional healing through the power and compassion of horses. If you are interested in the Personal Development program, please fill out the Personal Development application and do not continue with this application.

**Veterans** are welcome and invited to participate in any of the above mentioned programs. We are proud to offer these services to military personnel.

Equine therapies at HART are only possible due to the generosity of the community and our volunteers. Please get to know the volunteers, staff and therapists who work with you or your child and please spread the word about the wonderful work we do here!

We look forward to seeing you and/or your child soon.

Sincerely,

The Staff and Volunteers of HART

## Client Orientation Form

Carefully read, sign and return

- All clients or guardians are required to read and sign a liability waiver prior to participation
- Everyone in your party must sign an inherent risk waiver
- When you arrive, please drive slowly and watch out for farm equipment, animals and pedestrians
- Long pants and sturdy shoes recommended
- Children cannot participate without a parent or guardian present
- Safety is our utmost priority
- Volunteers are experienced and take direction from our therapists and instructors
- Our therapy horses are well trained, healthy and valued as a member of our team
- Only one client per horse
- This is a working stable, and although we maintain a warm and friendly environment, it is not appropriate to pet or feed the horses without consent
- An instructor/therapist will always be present during sessions
- We ask that you help us set individual goals in equine-assisted therapy
- The maximum weight limit for riding is 180 pounds, however, non-riding activities are available for those exceeding the weight limit
- Custom riding equipment is available for those who need it
- We prefer you to make a commitment of at least one session per week
- HART staff & volunteers will not discriminate on the basis of a client's race, religion, gender, sexual orientation, age, national origin, ancestry, economic status, or mental or physical disability.
- Each client must wear an A.S.T.M. approved equestrian helmet before mounting. If you don't have a helmet we will provide you with one.
- Siblings are welcome, but must remain under the direct supervision of a parent or guardian and not distract from the sessions
- Pets welcome with pre-approval, but must be on leash at all times! Please clean up after your pet
- Recreational use of drugs or alcohol is *not* allowed prior to, or during equestrian activities
- **Our fees:**
  - Adaptive Riding is \$35 per 30 minutes session. If you have a financial hardship, limited scholarships may be available
  - Hippotherapy is \$115 per 60 minute session
    - Insurance MAY cover part of your hippotherapy sessions. Contact the office for more information.

If you have any questions regarding these procedures, please discuss them with staff prior to the beginning of your session. Your participation signifies full acceptance of all rules and conditions.

\_\_\_\_\_  
Print full name of client

\_\_\_\_\_  
Signature of client (or guardian)

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

## Participant Application

### To be completed by the participant or parent/legal guardian

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M/F (circle one)

Veteran? Yes No (circle one)

Ethnicity (*Used for grant seeking purposes only*)

\_\_\_ African American \_\_\_ Asian/ Pacific Islander \_\_\_ Caucasian \_\_\_ Hispanic

\_\_\_ Native American \_\_\_ Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

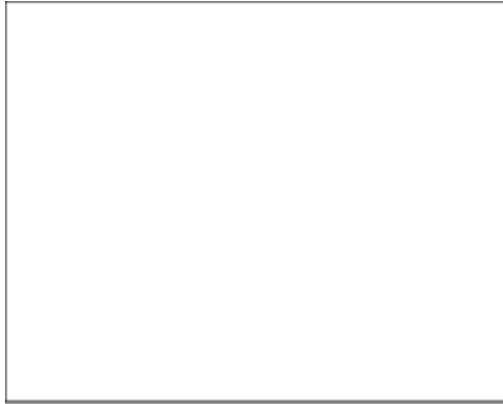
Parent/Legal Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please list preferred method of contact: \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE ATTACH PHOTO HERE



Diagnosis: please list all \_\_\_\_\_

Therapist name and type: \_\_\_\_\_

Therapist phone number: \_\_\_\_\_

**Please rate the following systems/areas:**

\*Use Good, Fair, or Poor and add details if needed

Vision:

Hearing:

Sensation:

Communication:

Heart:

Breathing:

Circulation:

Emotional:

Behavioral:

Pain:

Bone/Joint:

Muscular:

Thinking/Cognition:

Allergies:

Seizures: Y \_\_\_\_ N \_\_\_\_ IF yes - date of last seizure \_\_\_\_\_

Other:

FUNCTION Describe participant's abilities/difficulties in the following areas, including assistance required or equipment needed: (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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Can participant sit without support? If not explain what support is needed?

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Can participant transfer without assistance? (circle one) Yes No

What are the participant's various social interactions (i.e. Work/school including grade completed, leisure interests, relationship/family structure, support systems, companion animals, fears/concerns, etc.)?

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What goals do you hope to be accomplished with participation?

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Are there any significant behavioral issues, triggers or past incidents that may affect participation?

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Additional information that you'd like to share:

## Assumption of Risk and Release of Liability

On behalf of myself \_\_\_\_\_ or \_\_\_\_\_ (minor), I recognize that horseback riding is an inherently dangerous activity that can result in injury or death.

I hereby assume all risk in connection with being on or around horses at Horses Adaptive Riding and Therapy's activity sites and agree to release, defend, hold harmless and indemnify Horses Adaptive Riding and Therapy, its officers, directors, employees, staff and agents, licensees and invitees from all claims, damages, liabilities of judgments (including costs and expenses incurred in connection therewith) arising from injury, death, or damages to any person or property whatsoever arising out of or in connection with me or my minor child's use and occupancy of the premises and its facilities, whether or not the death, injury or damage is caused in whole or in part, by the act, neglect, fault of, or omission of any duty by me or my minor child.

Under Oregon Law, ORS 30.687 to 30.697, and 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

Signature of Adult: \_\_\_\_\_

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

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

Signed on behalf of the following minors \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_

## Photo Release

I consent to and authorize the use and reproduction by Horses Adaptive Riding and Therapy of any and all photographs, and any other audio-visual materials taken of me or my child for promotional material, educational activities, and exhibitions of for any other uses that benefit the program.

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

Signature of participant (if over 18): \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ (If under 18 years of age)

## Emergency Medical & Treatment Authorization

[In the event emergency medical and or treatment is required the undersigned authorizes Horses Adaptive Riding and Therapy to secure and retain medical treatment and transportation] (*check one*)

Participant                       Staff                       Volunteer

Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Physicians Name: \_\_\_\_\_ City \_\_\_\_\_

**Health History:**

Allergies (*please list*) \_\_\_\_\_

**Consent Plan**

The authorization includes medication, x-rays, surgery, hospitalization, and any treatment procedure considered 'life-threatening' by the attending physician. This provision will only be invoked if the person listed below is unable to be reached.

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone \_\_\_\_\_

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_  
*(Parent or guardian if participant is under 18 years of age)*

**Non-Consent Plan**

I do not give my consent for emergency medical treatment in the case of an injury or illness. In the event emergency treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature \_\_\_\_\_  
*(Parent or guardian if participant is under 18 years of age)*

## Emergency Information

<b>NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>EMERGENCY CONTACTS, NUMBERS AND RELATIONSHIP TO CLIENT:</b> 1. _____ 2. _____ 3. _____	<b>MEDICAL HISTORY:</b>
<b>PHYSICIAN:</b>	<b>ALLERGIES/ASTHMA?</b>
<b>HEALTH CARE PLAN(S):</b>	<b>ALLERGIES TO MEDS:</b>



## List of Current Medications

NAME OF MEDICATION	AMOUNT	HOW OFTEN?

Printed name of person completing form: \_\_\_\_\_

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

## Scheduling & Fees

### **Hippotherapy fees:**

The fee for your evaluation is \$150.00 and is due at the time of service unless prior arrangements have been made with the therapist.

The fee for each 60-minute session with the therapist is \$115.

All or part of your hippotherapy session MAY/MAY NOT be covered by insurance. Please contact the office manager for details.

### **Adaptive Riding fees:**

The fee for each 30 minute session is \$35 and the payment is due at time of service.

### **Scheduling**

Your session schedule will be **pre-confirmed** with you in advance. Your appointment time is unlikely to change from week to week. You are welcome to ask for an appointment change and we will do our best to oblige. You will be responsible for the session fees if you don't show. **We will offer make-up sessions if you or your child is sick and call to cancel 24 hours in advance.** We understand that we serve an often-fragile population and will work with you on an individual basis if you need to cancel with less than 24 hours' notice, but the key here is the **call to cancel** to avoid being charged for a no-show.

### **Scholarships**

We are doing our best to keep the fees as low as possible. If your family has a low income and needs financial assistance to help pay for the sessions, there are partial scholarships available on a limited basis. **You will always have co-pay.** If you need a scholarship, please talk to HART's Office Manager.

### **Gift Certificates**

Friends and family can help pay for sessions. They can purchase Gift certificates for sessions at [info@horsesadaptiveriding.org](mailto:info@horsesadaptiveriding.org). This is a great way for friends and family to help.

Return completed form to:

**HART**

**P.O. Box 121**

**Rickreall, OR 97371**