



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. **This is the Personal Development 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 and everyone in your party are required to read and sign a liability 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
- 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.
- 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
- Fees are due at time of service:
 - Personal Development fee is \$115 per 60 minute session
 - Insurance MAY or May NOT cover part of your sessions. Contact the office for more information.
 - Partial scholarship may be available.

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: _____

PERSONAL DEVELOPMENT APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone number to contact you _____ Text: Yes ___ No ___

Can we leave a message? Yes ___ No ___

Email _____

Ethnicity (for grant purposes) – Please select one:

___ American Indian/Alaska Native

___ Asian

___ White

___ Black/African American

___ Hispanic/Latino

___ Native Hawaiian/Pacific Islander

___ Other (Explain) _____

Are you a veteran? Y N

THERAPEUTIC INFORMATION

Diagnosis: _____

Medications: _____

Seizures: Yes No Controlled Date of Last Seizure _____

Amputation: Yes No

Prosthesis: Yes No Description: _____

Physical Limitations: Yes No Description: _____

Ambulation: Wheelchair Cane Crutches Walker Other

Learning Style: ___ Visual (see it) ___ Auditory (hear it) ___ Kinesthetic (do it)

Hearing: ___ Good ___ Limited ___ Deaf ___ Other

Vision: ___ Good ___ Limited ___ Blind ___ Other

Behavior Issues: Yes No Description: _____

SOCIAL, DEVELOPMENTAL, PSYCHOLOGICAL FUNCTION

Please check all that apply:

___ Inattention

___ Self-injurious behavior

___ Hyperactivity

___ Suicidal tendencies

___ Lack of concentration

___ History of runaway

___ Learning disabilities

___ Issues of parental support

- | | |
|--|---|
| <input type="checkbox"/> Developmentally delayed | <input type="checkbox"/> Issues of family support |
| <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Boundary issues | <input type="checkbox"/> History of physical abuse |
| <input type="checkbox"/> Social skills problems | <input type="checkbox"/> Emotional abuse |
| <input type="checkbox"/> Problems with peers | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Delusions |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Dissociations |
| <input type="checkbox"/> Assaultive | <input type="checkbox"/> Illusions |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Unpredictable or dangerous behavior | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Tics or stereotypic behavior | <input type="checkbox"/> History of animal abuse |
| <input type="checkbox"/> Psychosomatic symptoms | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Medical issues | <input type="checkbox"/> Possible medication side effects |

POLICIES

Scheduling

Scheduling is on a first come first serve basis.

When a New Participant completes this application, they will be scheduled for a NEW PARTICIPANT INTAKE and tour of the facility. Once the intake evaluation is complete, the proper placement of the participant will be scheduled.

Class times are on a first come first serve basis, so it is important to complete all forms promptly.

Cancellations

When clients enroll for a session there will be no refunds for classes missed.

HART reserves the right to cancel classes due to weather, unavailability of horses, volunteers, or instructor, etc. Credit will be issued for such cancellations.

Late Arrivals

We will wait 10 minutes past the scheduled session time. Please let us know if you are going to be late. Horses will be put away after this 10 minute period and will not be available. NO credit will be issued/NO make-up time scheduled.

Dress Code

Appropriate attire is essential for the comfort & safety of the participant. Long pants are required; please avoid pants made of nylon, polyester, or other 'slippery' materials. Close-toed footwear with a closed back is mandatory for all participants. Additionally, long hair should be pulled back.

Please bring a jacket, sweater, gloves, etc. for the cooler months.

HART can provide a helmet if the rider does not have their own.

Weight Restrictions

At HART safety is our primary concern. We must insure the health and wellness of our participants, volunteers, instructors and our horses. Horses are selected for participants based on skill set and rider weight. Our weight limits are 200 lbs. for a balanced rider and 185 lbs. for an unbalanced rider. Weight limits do not apply for non-riding activities.

Payment Policy

Fees for the full session are due before the beginning of that session. The fee for Personal Development is \$115 per class. Our fees are on a sliding scale and partial scholarships are available. If you need financial assistance, please ask for a Scholarship Application Form. Clients with an unpaid balance will not be able to register for further sessions.

RISK MANAGEMENT STATEMENTS

I understand HART has designated business hours at which time staff are present on property.

Yes No

I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping.

Yes No

I understand that horses are unpredictable. They may kick, bite, and step on me.

Yes No

Signature _____ Date _____

(If participant is under the age of 18, Parent/Guardian must sign)

HELMET RELEASE

I understand that HART highly recommends that all participants wear an ASTM approved helmet when working with or riding horses. I waive the requirement of wearing a helmet while participating in horse-related activities at HART's Equine Therapy Program. I recognize that there are certain risks inherent in participating in these activities, especially without a helmet, and I assume full responsibility for any injury to myself resulting from my participation in these activities.

Signature _____ Date _____

I have read and understand the policies above and will comply with them.

___ I agree Signature: _____

CONFIDENTIALITY STATEMENT

Volunteers, participants and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. HART shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.

Signature _____ Date _____

HART AUTHORIZATION 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 authorize HART staff and/or volunteers to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "lifesaving" by the physician.

Consent Signature: _____ Date: _____
(If rider is under the age of 18, Parent/Guardian must sign)

#1 Emergency Contact: _____ Phone: _____

Relationship: _____

#2 Emergency Contact: _____ Phone: _____

Relationship: _____

OR.....

NON CONSENT PLAN

I **do not** give my permission for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the Agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non Consent Signature: _____ Date: _____
(if participant is under 18 years of age, parent/guardian must sign)

Emergency Information

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