Windrush Farm Client Registration

Please use this checklist to ensure that all pages of all forms are completed:

All Clients:

__ Client Information, Information for Instructors, and Health History (pages 2-5)
  Update annually

__ Client Authorization for Emergency Medical Treatment (page 6)
  Update annually

__ Release and Indemnification and Affidavit (pages 7-11)
  This agreement is in effect for the duration of the client’s involvement with Windrush Farm and only needs to be completed once, unless circumstances change (ex: client turns 18, change in legal guardianship, etc.).
  The affidavit must be completed if one parent has sole legal custody of the client or the client has a court appointed guardian. If the client has a court appointed legal guardian, the Court and Docket Number must also be supplied.

__ Photo Release (page 12)

Therapeutic Clients Only:

__ Client’s Medical History and Physician’s Statement (pages 13-14)
  Windrush Farm can accept this form only. Windrush Farm cannot accept a physician’s form or any sports related release forms.
  This form is valid only with the physician’s signature and date.
  Update annually
  May be faxed to Windrush Farm at 888-642-4907

__ Physical or Occupational Therapy Evaluation (page 15)
  If not under the care of a PT/OT, please sign and date section 1.
  If under the care of a PT/OT, section 2 must be completely filled out and signed and dated by client’s PT /OT.
  Update annually
  May be faxed to Windrush Farm at 888-642-4907

All Clients:

I have completed the necessary forms, and have read and understand the client manual. The client manual is available online at: www.windrushfarm.org/client-manual/

Client Name ___________________________ Client Signature* ________________

*Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship
Client Information

Thank you for completing this entire form, as it assists us with demographic information for our grant writing efforts.

Title __________________ First Name ___________________________ Last Name ___________________________

Preferred Phone ___________________ Date of Birth __________________________

E-mail Address __________________________

Street ______________ City ______________ State ______ Zip __________

Place of employment or school __________________________ Phone ______________

Street __________________________ City ______________ State ______ Zip __________

Gender: Male Female Prefer to self-describe __________________________

Ethnicity: Asian African American/Black Caucasian Hispanic/Latino Hawaiian or Pacific Islander American Indian or Alaskan Native I choose not to answer

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) __________________________________________

__ I am a current client at Windrush Farm

__ I am a new client:

How did you hear about this program?

Print Advertising Search Engine Social Media Website Word of Mouth

Other __________________________

If referred, please list source and date __________________________

Do you or a family member have a military connection?
Please check all that apply:

Veteran Active Duty Gold Star Family Member Military Spouse

Other: __________________________

If you circled one, thank you for your service!

Would you like to know more about our programs for military connected clients? Yes No
Please complete if client is under 18 years of age or under legal guardianship:

**Parent/Legal Guardian 1:**

Title __________________ First Name ____________________ Last Name __________________________

E-mail Address ____________________________ Preferred Phone ____________________________

**Address is same as client:** Yes/no. If not, please complete:

Street ______________________________ City __________________________ State ______ Zip ________

Gender: Male Female Prefer to self-describe __________________________

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) ____________________________________________

Employment _____________________________ Phone _____________________________

Street ______________________________ City __________________________ State ______ Zip ________

**Parent/Legal Guardian 2:**

Title __________________ First Name ____________________ Last Name __________________________

E-mail Address ____________________________ Preferred Phone ____________________________

**Address is same as client:** Yes/no. If not, please complete:

Street ______________________________ City __________________________ State ______ Zip ________

Gender: Male Female Prefer to self-describe __________________________

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) ____________________________________________

Employment _____________________________ Phone _____________________________

Street ______________________________ City __________________________ State ______ Zip ________

________________________________________________________
Information for Instructors

Height ______________ Weight ______________ (used to determine horse selection)

Horsemanship/Horse Care Goals

Short Term (6-12 months) & Long Term (2-3 years)

________________________________________________________________________

________________________________________________________________________

Riding Goals

Short Term (6-12 months)

________________________________________________________________________

________________________________________________________________________

Long Term (2-3 years)

________________________________________________________________________

________________________________________________________________________

Other Goals (social, recreational, professional, etc.)

________________________________________________________________________

________________________________________________________________________

Areas of Focus/Strengths/Weaknesses

Please use this section to discuss information that you believe might be helpful or issues that you would like addressed, so that the instructor can create a beneficial, supportive lesson environment. A good place to start might be teaching aids and tools that best support your learning style and needs.

________________________________________________________________________

________________________________________________________________________

Preferences

The needs and requirements of all our clients are a priority. Every effort is made to provide your “favorites” in horses and tack. It would be beneficial if you would explain why you prefer a certain horse, type of horse, or piece of equipment so that, if we cannot exactly meet your wishes, we can come close.

________________________________________________________________________

________________________________________________________________________

Concerns

This could include any past riding or horse experiences that caused a loss of confidence, any conditions or circumstances that you feel could interfere with your ability to ride or work with our horses safely or to your full potential, any fears, etc.
Health History

Diagnosis ____________________________________________________________

Date of Onset ________________________________________________________

Please indicate current or past areas of concern:

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<th>Area</th>
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<th>N</th>
<th>Comments</th>
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<td>Allergies</td>
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</tbody>
</table>

Other Health Issues Please list any health issues not addressed above that you feel staff should be aware of.

_____________________________________________________________________

Medications Please list prescriptions and over-the-counter medication(s): name, dose, and frequency.

_____________________________________________________________________

Physical Function Describe your potential difficulties when mounting/dismounting and riding a horse.

_____________________________________________________________________

Cognitive/Learning Skills (i.e. Learning disabilities, communication aids or tools)

_____________________________________________________________________

To the best of my knowledge, the above information is up to date and accurate.

Client Signature* _______________________________ Date ________________

*Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship
Client Authorization for Emergency Medical Treatment

Client Info:
First Name _______________________ Last Name __________________________
Date of Birth _____________________ Height ___________Weight ______________
Preferred Phone ___________________ E-mail _____________________________
Street _____________________________ City ______________________ State _________ Zip __________

In the event of an emergency, contact:
Name _______________________________ Phone _______________ Relationship _______________
Name _______________________________ Phone ____________________ Relationship _______________
Physician’s Name __________________________________________ Phone ___________________________
Preferred Medical Facility __________________________________________
Health Insurance Co ____________________________________ Policy # _____________________________
Allergies to Medications __________________________________________
Current Medications __________________________________________

Please state any information that you want supplied to a medical professional treating you in an emergency:
________________________________________________

> Consent Plan
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 premises operated by Windrush Farm Therapeutic Equitation, Inc., I authorize Windrush Farm Therapeutic Equitation, Inc. to:
1. Secure and retain medical treatment and transportation if needed.
2. Release Client 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 treatment procedure deemed “life-saving” by the physician. This provision will only be invoked if the person below is unable to be reached.

Client Signature* ___________________________ Date ________________
*Parent/Legal Guardian’s Signature if client is under 18 or under legal guardianship

> OR Non-Consent Plan
I do not give my consent 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 Windrush Farm Therapeutic Equitation, Inc.

Must check one of the following:
___ A legal guardian will remain on site at all times during equine assisted activities.
___ In the event emergency treatment/aid is required, I wish the following procedures to take place:

Client Signature* ___________________________ Date ________________
*Parent/Legal Guardian’s Signature if client is under 18 or under legal guardianship

WARNING: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A CLIENT IN EQUINE ACTIVITIES RESULTING FROM THE RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128-SECTION 2D OF THE GENERAL LAW.
Release and Indemnification

This release and indemnification is made by and between the parties executing this Agreement (each and collectively, the “Parties”) and any and all persons and parties now or hereafter having any interest in the business known as Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation Inc.; any and all sponsors, judges, Clients, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Inc. (collectively “Windrush Farm”). Windrush Farm provides horseback riding lessons to individuals, including but not limited to disabled and handicapped children (the “Program”). Windrush Farm owns the land and improvements thereon known as and located at 470/479 Lacy Street, North Andover, Massachusetts 01845 (the “Farm”). Windrush Farm owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the “Horses”). As used herein, the word “horse” shall include horses and ponies of every kind. The Parties desires that the Participant have the opportunity to participate the Program, and/or ride and work with the Horses at the Farm and/or at such other locations as Windrush Farm conducts its activities and/or assist with the Program and/or assist with Windrush Farm’s operations or property and/or Client with Windrush Farm (each and collectively, the “Activities”). \textbf{Windrush Farm will not permit the Participant to participate without the execution of this release and indemnification which is of material significance to Windrush Farm.} The Parties hereby acknowledge and agree that the activities contemplated hereby are “equine activities,” that Windrush Farm is an “equine professional” and/or an “equine activity sponsor,” and the Participant is a “participant” all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Parties agree as follows:

1. \textbf{Inherent Risks.} The Parties acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Parties have chosen to permit the Participant to participate in the Activities. In addition, the Parties hereby acknowledge that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental and/or emotional challenges and both the Parties accept the additional risks and dangers presented thereby.

2. \textbf{Participant’s Representations.} The Parties have been provided with medical and informational intake forms by Windrush Farm. The Parties hereby certify that the information contained therein is true and accurate in all respects. The Parties hereby acknowledge that Windrush Farm will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any material respect, the Parties shall immediately notify Windrush Farm in writing. In no event shall Windrush Farm be responsible for inquiring into the condition of the Participant’s physical, medical, emotional or mental condition or any change in such condition.
3. **Instructions and Authorization.** The Parties each agree to follow the instructions of Windrush Farm at all times and not to undertake any activity which Windrush Farm has not specifically authorized. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties due to non-compliance with the instructions of Windrush Farm or actions that have not been specifically authorized by Windrush Farm in each instance. Windrush Farm shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other person (including any minors) on the Farm. Unsupervised minors and any person failing to comply with the instructions of Windrush Farm are subject to immediate ejection from the Farm.

4. **Equipment.** The Parties acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. If the Parties discover or notice any defects or breakage in or related to any equipment or tack, he, she or they shall immediately notify Windrush Farm. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties caused by any defect in any such equipment or tack.

5. **Condition of the Land.** The Parties understand and acknowledge that he, she or they may be in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which Windrush Farm has permission to use (collectively, the “Land”) and that the Land presents certain hazards of which Windrush Farm may be or should be aware. The Parties specifically agree to hold Windrush Farm harmless from any injury or death arising from the conditions of the Land. Windrush Farm has not undertaken to inspect the Farm for hazards which may exist on the Land and has not undertaken to warn the Parties of any hazards which may exist on the Land. It shall be the sole responsibility of the Parties to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Parties agree that neither he, she, it, nor they shall hold Windrush Farm liable for any injury to or death resulting from or related to his or her involvement in equine activities and/or the Activities. The Parties hereby remise, release and forever discharge Windrush Farm for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death caused by or in any manner related to equine activities and/or the Activities or arising from his, her or their presence at the Farm or on the Land.

7. **Indemnification.** The Parties, jointly and severally, hereby indemnify and hold Windrush Farm harmless for any loss, cost, claim, liability, injury or damage caused by any of them to any person, property of any person or the Farm, which injury or damage is caused by the willful misconduct or negligence of any of the Parties, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property.

8. **Acknowledgment.** The Parties each acknowledge that they have been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Parties have each had the opportunity to ask questions of Windrush Farm and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification, the Parties agree to be bound by and comply with the terms hereof and acknowledge that the Participant wishes to engage in equine
activities and the Program despite the risks and potential dangers involved. None of the Parties has relied on any representations, statements or warranties of Windrush Farm other than those specifically set forth herein. This Release and Indemnification is a Massachusetts contract and shall be governed by, and enforced in accordance with, the laws of the Commonwealth of Massachusetts.

9. **Consent to Emergency Medical Care.** In the case of any injury to any of the Parties while on the Farm, participating in the Program and/or riding or working with the Horses, the Parties hereby authorize Windrush Farm and any agent, employee, officer and/or director thereof, to seek medical care and attention, including but not limited to arranging for an ambulance to take the participant (or other Party) to any medical care facility, transporting the Participant (or other Party) to any medical care facility and consenting to treatment, medication and/or surgery for the Participant (or other Party). The Parties acknowledge that they shall be jointly and severally liable for the payment of any medical costs and expenses incurred on behalf of the Participant (or other Party) and hereby indemnify and agree to hold harmless Windrush Farm for any costs incurred by it on behalf of any of the Parties.

10. **Consent and Indemnification.** If the Participant is a minor, the Parties: (a) each warrant and represent that he, she or it is the parent or lawful Guardian of the Participant; (b) by his, her or its execution hereof, each hereby agree and assent to the terms hereof and execute this contract on behalf of the Participant intending it to be legally binding and fully enforceable against the Participant and his, her or itself; (c) by the execution hereof, further remises, releases and forever discharges for itself and its heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (d) hereby indemnify and hold Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Participant’s parent(s) whether for or on behalf of the Participant or on such parent’s own behalf. If the Participant is a married person, the undersigned spouse: (x) by the execution hereof, remises, releases and forever discharges for his or her heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (y) hereby indemnifies and holds Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the undersigned spouse whether for or on behalf of the Participant or on such spouse’s own behalf.

This Release and Indemnification shall be valid each and every time the Parties are at the Farm, on the Land, and/or participating in the Activities without the need for re-execution and shall be valid unless and until revoked in writing, the receipt of which writing is acknowledged in writing by an officer or director of Windrush Farm.
Release and Indemnification (continued)

The Parties hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the date set forth below.

Client First Name ___________________ Last Name ___________________ Date of Birth ____________

Group Name (if applicable: school, group home, or day program bringing client) ____________________

Please review the following, and complete all that apply:

Client Signature* _________________________________________ Date ______________

*Everyone 14 years or older must sign and date.

**If you are over 18 and not under legal guardianship, you are done with this page.

- Client is an **ADULT** (18 years or older) and is:

  - **Under legal guardianship** (complete this page, including Court and Docket Number below, and complete and sign the Affidavit on the next page)

    Legal Guardian Signature ___________________________ Date ______________
    Court ___________________________________________ Docket Number ________

- Client is a **MINOR** (under 18 years of age) and:

  - **Both parents have legal guardianship** *(Both parents must sign below)*

    Parent 1 Signature ___________________________ Date ______________
    Parent 2 Signature ___________________________ Date ______________

  - **One parent has sole legal custody** (complete this page and complete and sign the Affidavit on the next page)

    Parent Signature ___________________________ Date ______________

  - **Client has a court appointed guardian(s)** (complete this page, including Court and Docket Number below, and complete and sign the Affidavit on the next page)

    Legal Guardian Signature ___________________________ Date ______________
    Court ___________________________________________ Docket Number ________

WARNING

UNDER MASSACHUSETTS 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 SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.
**Affidavit and Indemnification**

I hereby swear and depose under the pains and penalties of perjury that:

1. I am the sole legal guardian of ____________________________ (Client Name).

2. The other/both parents of Client is/are unavailable because the other/both parent(s) is/are (check all that apply):
   
   a. ________ Of parts unknown.
   
   b. ________ Deceased.
   
   c. ________ Incarcerated.
   
   d. ________ Deprived of all legal rights to the Client by a court of competent jurisdiction.
      (Name of Court: ___________________________)
   
   e. ________ Other (Please explain) ____________________________.

3. By my execution hereof, I hereby agree and assent to the terms hereof and execute this indemnification on behalf the Client intending it to be legally binding and fully enforceable against the Client and myself.

4. By my execution hereof, I further remise, release and forever discharge for myself and my heirs, executors and administrators, Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation, Inc.; any and all sponsors, judges, Clients, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Equitation, Inc. of and from all manner of actions, cause or causes of actions, suits, controversies, damages, claims and demands, in law or at equity, that I now have or hereafter can or may have or which my heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of myself, or the Client, including but not limited to actions for loss of consortium.

5. I assume full liability and responsibility hereunder for both of the Client’s parents, hereby indemnifying and holding, Windrush Farm Therapeutic Equitation Inc. harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Client’s parent(s) whether for or on behalf of the Client or on such parent’s own behalf.

6. I hereby warrant and represent that I am duly authorized to execute this Release and Indemnification.

7. I hereby agree and understand that WFTE, Inc. has relied and may rely on all of the representations and agreements set forth herein.

**Signed under the pains and penalties of perjury**

Date __________________________

Parent/Legal Guardian Signature __________________________

Parent/Legal Guardian Name (print) __________________________

Relationship to Client (print) __________________________

479 Lacy Street | North Andover, MA 01845 | o. 978.682.7855 | f. 888.642.4907 | programs@windrushfarm.org
**Photo Release**  (please check one)

__ I consent  or __ I do not consent to authorize the use and reproduction by Windrush Farm Therapeutic Equitation, Inc. 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.

Client Name (please print)  ________________________________________________

Client Signature*  ________________________________________________  Date  ________________

*Parent/Legal Guardian’s Signature if client is under 18 or under legal guardianship
Client’s Medical History & Physician’s Statement – For Therapeutic Clients

Name _____________________________________________________________

Date of Birth ___________________ Height ________________ Weight ________________

Address ___________________________________________________________

Diagnosis ___________________________________ Date of Onset ______________________

Past/Prospective Surgeries ______________________________________________________

Medications _____________________________________________________________

Seizure Type __________________ Controlled? ☐ Y ☐ N Date of Last Seizure ___________

Shunt Present? ☐ Y ☐ N Date of last revision ___________________________ Tetanus Shot? ☐ Y ☐ N

Special Precautions/Needs:

Mobility (check all that apply) ☐ Independent Ambulation ☐ Assisted Ambulation ☐ Wheelchair

Braces/Assistive Devices _________________________________________________

For Clients with Down Syndrome

AtlantoDens Interval X-rays: Date _______________________ Result? ☐ Positive ☐ Negative

Neurologic Symptoms of AtlantoAxial Instability __________________________________________

Please indicate current and past concerns in the following areas, including surgeries:

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<th>Areas</th>
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<th>N</th>
<th>Comments</th>
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Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title (Please print) ___________________________ MD DO NP PA Other ________________

Address ____________________________________________ City __________ State _______ Zip ___________

Phone ____________________________________________ License/UPIN Number ____________________

Physician’s Signature ___________________________ Date __________ *Valid Only if Dated*

Please see next page for possible precautions and contraindications
Information for Physician

The following conditions, if present, may represent precautions or contraindications to equine assisted activities.

Please note whether any of these conditions are present and to what degree. If you have any questions or concerns regarding this patient’s participation in equine assisted activities, please feel free to contact us at 978.682.7855.

Orthopedic
- Spinal Joint Fusion/Fixation
- Spinal Joint Instabilities/Abnormalities
- Atlantoaxial Instabilities – including neurologic symptoms
- Scoliosis
- Kyphosis
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Coxas Arthritis
- Heterotopic Ossification/Myositis Ossificans
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Stabilization Devices

Neurologic
- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Seizure Disorders
- Paralysis due to Spinal Cord Injury

Psychological
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Fire Setting
- Danger to Self or Others
- Thought/Weight Control Disorders

Secondary Concerns
- Behavior Problems
- Under Four Years of Age
- Poor Endurance
- Acute Exacerbation of Chronic Disorder
- Indwelling Catheters/Medical Equipment
- Skin Breakdown
- Medications – i.e. photosensitivity

Medical
- Allergies
- Cancer
- Poor Endurance
- Recent Surgery
- Diabetes
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Cardiac Conditions
- Stroke (Cerebrovascular Accident)
- Exacerbations of medical conditions i.e. RA, MS
- Medical Instability
- Migraines
- Respiratory Compromise
- Substance Abuse
Please complete either section 1 or 2:

**Physical or Occupational Therapy Evaluation  (For Therapeutic Clients)**

Client Name (please print)  

1. I am **not** currently under the care of a Physical or Occupational Therapist. I will notify you if that changes.

<table>
<thead>
<tr>
<th>Client Signature*</th>
<th>Date</th>
<th>*Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship</th>
</tr>
</thead>
</table>

Or 2. I am **currently** under the care of a Physical or Occupational Therapist.  

Please have the Physical or Occupational Therapist complete the following diagnosis:

<table>
<thead>
<tr>
<th>Seizures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications:</td>
</tr>
<tr>
<td>Reflexes:</td>
</tr>
<tr>
<td>Tone:</td>
</tr>
<tr>
<td>Range of Motion:</td>
</tr>
<tr>
<td>Posture:</td>
</tr>
<tr>
<td>Balance:</td>
</tr>
<tr>
<td>Mobility:</td>
</tr>
<tr>
<td>Gait/Ambulation:</td>
</tr>
<tr>
<td>Senses/Sensation:</td>
</tr>
<tr>
<td>Circulation:</td>
</tr>
<tr>
<td>Development Motor Sequence Activities (where applicable):</td>
</tr>
<tr>
<td>ADLs:</td>
</tr>
<tr>
<td>Communication:</td>
</tr>
<tr>
<td>Equipment/Aids:</td>
</tr>
<tr>
<td>Additional Notes:</td>
</tr>
<tr>
<td>Precautions:</td>
</tr>
</tbody>
</table>

Registered PT or OT Signature  ____________________________  Date  _______________