



## ENROLLMENT APPLICATION

ConnEQtions, Inc  
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Select Program (please check one):

☐ Equine Facilitated Coaching      ☐ Therapeutic Horsemanship      ☐ Equine Assisted Psychotherapy

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

*Please list any diagnosis or health condition that may influence how we best support you while working with equines, including heart or blood pressure issues, emotional health diagnoses, allergies, seizures, hearing impairments, vision concerns, joint issues, etc.*

Medical Diagnosis and Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Any Prior Equine Experience: \_\_\_\_\_  
\_\_\_\_\_

What are your goals? What is it important for you to work on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge.

### Confidentiality Agreement

I understand that all information, both written and verbal, about participants at this center is confidential and will not be shared with anyone without the express written consent of the participant and his/her parent / guardian in the case of a minor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date