



A Non-Profit 501(c)(3) Equine-Assisted Therapy Facility Where Horses Bring Hope, Happiness, and Healing
43421 N Friend Ave, San Tan Valley, AZ 85140 | manesandmiraclesaz.org | (480) 359-6470 | EIN # 82-5409126 | manesandmiracles@gmail.com

Dear Healthcare Provider:

A child in your care has expressed a desire to participate in adaptive horseback riding. Please complete the Health Care Provider Statement, or provide a similar statement of your own, indicating whether or not you feel this child is medically able to safely participate in activities on or around equines and any potential concerns you may have regarding your patient's participation in equine activities. Please note that the conditions listed below may suggest precautions and contraindications to equine activities. When completing this form, please specifically note whether these conditions are present, and to what degree.

Orthopedic

- Atlantoaxial Instability- include neurologic symptoms
- Coxarthrititis
- Cranial deficits
- Heterotopic
- Ossification/Myositis
- Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities
- Neurologic Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation/Tethered cord/Hydromyelia
- Other
- Age-under 3 years
- Indwelling Catheters/Medical Equipment
- Medications- e.g., photosensitivity
- Poor Endurance

Skin Breakdown

- Medical/Psychological
- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control

Exacerbations of Medical Conditions

- Fire Setting
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder
- Dangerous to Self or Others

Thank you for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us at (480) 359-6470 or at manesandmiracles@gmail.com

Thank you,
Manes and Miracles



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Health Care Provider Statement

To Whom It May Concern,

*(Name of Patient) _____ has been seen in our office for medical and/or psychiatric diagnosis and/or treatment.

At the request of the parent or guardian of the child, (Print name) _____, I am providing the following information:

The patient's current diagnoses are: _____

*Patient Height: _____ *Patient weight _____

Pertaining to the diagnoses for which this patient is seen in our office, and in light of the specific precautions and contraindications listed on the Manes and Miracles Healthcare Provider Letter, I have the following cautions, concerns, or limitations to advise regarding the patient's participation in equine-assisted activities both on the ground or mounted:

The above information is true and accurate to the best of my knowledge. It is my opinion that this patient is medically fit to receive, and may benefit from, adaptive horseback riding lessons provided under proper instruction and under the limitations set forth above, if any.

*Doctor's Name _____

*Address _____

*Phone _____

*Doctor's Signature: _____ *Date: ____/____/____

***Indicates Required Field**