🐴 PONY PALS Equine & Farm Therapy Intake Form

Client Name (Child): _____
Date of Birth: _____ **Age:** _____
Gender: ☐ Male ☐ Female ☐ Other: _____
Parent/Guardian Name(s): _____
Address: _____
City: _____ **Postal code:** _____
Phone Number: _____ **Email:** _____
Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

School:

Current therapy/activities:

Funding source:

⬛ Emergency Contact

Name: _____
Relationship to Child: _____
Phone Number: _____

🧾 Referral Information/Funding

How did you hear about us?
_____

Referring Professional (if applicable):
Name: _____
Profession: _____
Contact Info: _____

Please detail your funding source for payment:
_____

🩺 Medical & Health Information

Primary Diagnosis (if any): _____
Secondary Diagnoses: _____
Has your child been officially diagnosed by a medical professional? ☐ Yes ☐ No
Date of Diagnosis: _____

BC Health Care Card #: _____

Please tick any of the following that apply to your child:
☐ Autism Spectrum Disorder
☐ ADHD
☐ Sensory Processing Disorder
☐ Cerebral Palsy
☐ Learning Difficulties
☐ Physical Disabilities
☐ Visual or Hearing Impairments
☐ Emotional or Behavioural Challenges
☐ Developmental Delay
☐ Other: _____

Does your child have any known allergies (including to animals, hay, dust, etc)?
☐ Yes ☐ No – If yes, please specify: _____

Is your child currently taking any medications? ☐ Yes ☐ No
If yes, please list: _____

Does your child have seizures? ☐ Yes ☐ No
If yes, type and frequency: _____

Other medical needs (eg. G tube)

_____

Level of self care (eg. toileting, dressing, walking to car alone)

_____

Mobility:
☐ Independent
☐ Uses walker/crutches
☐ Uses wheelchair
☐ Needs physical assistance

☐ Some coordination issues

Communication Style:
☐ Verbal
☐ Non-verbal
☐ Uses AAC Device
☐ Gestures/Signs
☐ Other: _____

🧠 Developmental & Functional Information

Current Therapies (please list):
☐ OT ☐ PT ☐ Speech ☐ Psychology ☐ Behavioural Therapy ☐ Other

Please provide a team contact person for liaison: _____

What are your main goals or expectations of equine or farm therapy?:

Social and Emotional Information:

- How does your child typically respond to new environments?

- How does your child respond to and interact with animals? Do you have pets?

- What motivates or interests your child?

Any behaviour challenges we should be aware of (e.g. aggression, elopement, anxiety). This is particularly important for safety in this setting.
☐ Yes ☐ No – If yes, please describe:

🐴 Farm Therapy-Specific Questions

Has your child ever visited a farm before? ☐ Yes ☐ No
If yes, please describe the experience: _____

What farm animals is your child most comfortable with? (check all that apply):
☐ Horses/Ponies
☐ Goats
☐ Chickens
☐ Ducks
☐ Donkeys

Other: _____

Is your child afraid of any farm animals or certain animal behaviours?
☐ Yes ☐ No – If yes, which ones? _____

Sensory: How does your child react to animal-related smells or sounds (e.g., hay, manure, farm sounds)?
☐ Comfortable ☐ Uncomfortable ☐ Sensitive ☐ Other: _____

Does your child have any past traumatic experiences with animals or the farm environment?
☐ Yes ☐ No – If yes, please describe:

How does your child generally react to touching or being close to animals?
☐ Relaxed & calm ☐ Excited ☐ Nervous ☐ Avoidant ☐ Other: _____

Would you like your child to be involved in any of the following farm activities?
☐ Feeding animals
☐ Cleaning animal pens/stalls
☐ Brushing/handling animals
☐ Herding or guiding animals
☐ Riding horses or ponies
☐ Gathering hay (pitchfork and wheelbarrow)
☐ Other: _____

How does your child handle dirt, dust, and outdoor activities in general?
☐ Enjoys it ☐ Needs encouragement ☐ Sensitive to it ☐ Other: _____

🐎 Horse Readiness

Has your child had previous experience riding horses? ☐ Yes ☐ No
If yes, please describe: _____

Any fears, anxieties, or sensitivities related to horses?
☐ Yes ☐ No – If yes, please describe: _____

Physical limitations that may affect participation in horse-related activities:

_____

_____

📝 Consent & Acknowledgements

☐ I consent to my child participating in Equine and/or Farm-Assisted Occupational Therapy sessions.
☐ I understand the inherent risks of working with animals and will follow safety guidelines.
☐ I give permission for emergency medical treatment if required.
☐ I consent to photographs/videos of sessions being taken for:
☐ Internal use (e.g. progress tracking)
☐ Promotional use (social media, website, etc.) – OPTIONAL

Parent/Guardian Signature: _____
Date: _____

_____