PONY UP 4 KIDS

PonyUp4Kids Foundation
2536 Wingdale Mountain Road
Poughquag, NY 12570
Tel: (845) 724-7128
Email: info@PonyUp4Kids.com
Web: www.PonyUp4Kids.com

Participant Information:

Full Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name & Phone: _____

Referral & Background:

How did you hear about PonyUp4Kids? _____

Are you currently receiving mental health support or therapy?

☐ Yes ☐ No

If yes, please provide provider name and contact (optional): _____

Primary reason for seeking equine-assisted services:

☐ Anxiety ☐ Depression ☐ Trauma/Abuse Recovery

☐ Grief ☐ Stress ☐ Relationship Challenges

☐ Recovery Support ☐ Autism/Special Needs

☐ Other (please describe): _____

Mental Health History:

Have you ever been diagnosed with a mental health condition?

☐ Yes ☐ No

If yes, please specify: _____

Are you currently taking any medications related to mental health?

☐ Yes ☐ No

If yes, please list: _____

Do you have any physical limitations or disabilities we should be aware of?

☐ Yes ☐ No

If yes, please describe: _____

Program Preferences:

Preferred session type:

☐ Private ☐ Group ☐ Workshop

Availability (days/times): _____

Are you private paying?

☐ Yes ☐ No

Are you interested in financial assistance or sliding scale options?

☐ Yes ☐ No

If yes, please indicate:

☐ DSS ☐ OPWDD ☐ Self-Direction ☐ PonyUp4Kids Scholarship (*when funds allow*)

Consent & Signature:

I understand that equine-assisted activities involve interaction with horses and may carry inherent risks. I agree to follow all safety guidelines and staff instructions. I consent to participate in PonyUp4Kids Foundation's programs and allow the collection of this information for program planning and safety.

Signature: _____

Date: _____ Print Name: _____