Welcome!

Hello future Wylde Horses family!

Our therapeutic riding and interaction therapy facility is dedicated to improving the relationships between humans and animals. We use this relationship as a tool to help improve certain physical and cognitive functions, quality of life, and the social well-being of the participant. This facility helps individuals with all types of challenges. We incorporate other therapeutic goals into our sessions to provide the most comprehensive care. We offer therapeutic riding sessions, unmounted therapeutic interactions, pony rides, and basic riding 101 lessons.

This facility was inspired by our children, Wylde and Ever. After being diagnosed with a rare disease that affects Wyldes day-to-day life, we explored all therapy options that would promote him to thrive. He is the reason we started this facility in hopes to help him, and others like him. His little brother Ever is a huge support in his development, which motivated us to make this an inclusive facility.

Please fill out the Participant Enrollment Packet and return to us via email or mail at your earliest convenience. Although there is a current waiting list, we will attempt to fit you in as soon as possible. Once all paperwork is completed and submitted, you will be contacted for further scheduling information.

We are very excited to meet you and get to know your family, as you are not part of ours!
Please submit paperwork to:
Rachael@wyldehorses.com

Sincerely,
The Wylde Horses Team

WYLDE HORSES

Contact Information

Participant: _____

Date of Birth: _____ Gender: M F Weight: _____ Height: _____

Current Diagnosis: _____

Current Treatment/Services: _____

Participant is a (circle one): Minor Adult with legal guardian Independent adult

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent-Guardian/Primary Contact: _____

Phone: _____

Email Address: _____

Parent-Guardian/Secondary Contact: _____

Phone: _____

Email Address: _____

School or Educational Facility presently attending: _____

In case of emergency (other than parent or guardian listed above)

Contact #1: _____

Phone: _____

Contact #2: _____

Phone: _____

Is the participant a client of San Diego Regional Center? Yes No

WYLDE HORSES

Health History

Primary Diagnosis: _____

Secondary Diagnosis: _____

**Please note: Before riding, participants with a diagnosis of Down Syndrome will be required to provide a doctor's note verifying they are negative on neurological exam for any decrease in neurological function, or of any symptoms consistent with Antlantoaxial Instability.*

Does the participant…	**YES**	**NO**	**Comments**
Walk Independently?			
Have poor balance sitting/standing balance?			
Use wheelchair, walker, braces, orthotics?			
Any other medical equipment/devices?			
Have speech/language difficulties?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have asthma or breathing problems?			
Have any allergies? I.e. Hay, horses, peanut butter			
Have pain?			
Have emotional/behavior problems?			
Have heart/circulation issues?			
Have short/long term memory loss?			
Have any current or past seizure history?			
Have any hearing difficulties?			
Have any sensory issues?			
Have a fear of heights?			
Have a fear of animals/horses?			

**Please feel free to write on the back of this paper with any details on the above items. Or you can attach additional information to give more insight on the above conditions. Medical reports are also very helpful.*

Questionare

Has the participant had any previous experience with therapeutic riding or horses? Yes No
If yes, please explain?

Goals: What are you hoping to accomplish by participating at Wylde Horses?

Comments: Please give any info that you feel will be helpful in lesson planning

Please check all that apply for participant:

___Depressed mood	___Sleep Difficulties	___Grief/Loss
___Anxious mood	___Irritable Mood	___Comfort Eating
___Excessive worrying	___Racing thoughts	___Poor concentration/focus
___Impulsivity	___Loss of appetite	___Relationship stress
___Fatigue	___Excess energy	___Drug/Alcohol abuse
___Loss of interest	___Low self-esteem	___Difficulty with self-expression

WYLDE HORSES

Seizure Information Form

Does the participant have seizures? Yes No
If yes, please fill out the following form.

What may cause the seizures?

On average, how often do they occur?

Are there any warning signs before a seizure starts?

What is the average duration of a seizure?

How does the participant feel and behave after a seizure? How long does this last?

How would you like us to handle the situation, should a seizure occur while riding?

Is there anything else that we need to know about the seizures?

WYLDE HORSES

Physicians's Referral Form

To be Signed and Dated by Current Doctor

Patient's Name: _____

Parent Name and Contact: _____

Patient's date of birth: _____Height: _____ Weight: _____

Medical History

Diagnosis: _____ Date of onset: _____

Primary Disability: _____

Other Concerns: _____

Hospitalizations: _____

Shunts/Assistive Devices: _____

Seizures/Allergies: _____

Present Medications: _____

Physical Evaluation

Skin/Circulation: _____ Neuro/Sensation: _____

Heart/Lungs: _____ Balance/Coordination: _____

Bowel/Bladder: _____ Allergies: _____

Vision: _____ Hearing: _____

Speech: _____ Spasticity/Rigidity: _____

FOR PARTICIPANTS WITH DOWN SYNDROME

Neurological exam for Atlantoaxial Instability: _____Present _____ Not Present

Other precautions/contraindications to therapeutic horseback riding: _____

_____

In my professional opinion, this patient can receive therapeutic horseback riding instruction under appropriate supervision at Wylde Horses facility.

_____ _____

Physician's Signature Date

Physician's Name:_____

Physician's Office Address: _____

Physician's Phone Number:_____

_____

Patient/Parent/Guardian Signature Date

WYLDE HORSES

Riders Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Wylde Horses facility 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.

Client's Name: _____
Clients Phone #: _____
Clients Address: _____
Allergies: _____
In the event I cannot be reached:
Contact #1: _____
Phone Number: _____
Contact #2: _____
Phone Number: _____

Physicians Name: _____
Preferred Medical Facility: _____
Health Insurance Company: _____
Policy Number: _____

Please choose one of the following

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by a physician. This provision will only be invoked if the person is unable to be reached.

Date: _____ Consent Signature: _____
(Client, Parent, or Guardian)
Print Name: _____
Phone: _____
Address: _____

Non-Consent Plan

I do not give my consent of emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event of emergency treatment/aid if required, I wish the following procedures to take place:

_____
_____
_____

Date: _____ Non-Consent Signature: _____
(Client, Parent, or Guardian)
Print Name: _____
Phone: _____
Address: _____

Therapeutic Riding Program
Physical/Occupational Therapist Assessment

Please give this form to the PT/OT that the rider is working with on a regular basis. This information is helpful for our instructors.

Client: _____
Name of PT/OT: _____
PT/OT Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:

Therapeutic Riding Program
Speech Therapist Assessment

Please give this form to the Speech Therapist that the rider is working with on a regular basis. This information is helpful for our instructors.

Client: _____
Name of Speech Therapist: _____
Speech Therapist Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:

WYLDE HORSES

Please give this form to the Educator and/or Mental Health Provider that the rider is working with on a regular basis. This information is required for our program and will remain confidential between our program staff and mental health specialist.

Client: _____
Name of Provider: _____
Providers Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:

WYLDE HORSES

Monday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Tuesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Wednesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Thursday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Friday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Saturday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

Sunday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	
			6:00 (if daylight)	

**Comments: _____

RELEASE OF LIABILITY AGREEMENT

Name of Participant: _____ Name of Guardian: _____

Address: _____

Telephone Number: _____

1. Wylde Horses LLC is professionally organized and thoughtfully supervised. All staff, volunteers, and horses have been carefully selected. Safety equipment is used for all riders because horseback riding and interactions is a risk. Specific risks carry from one activity to another, and the risks range from minor injuries to major injuries, including catastrophic injuries or death. I acknowledge, understand, and voluntarily assume and accept any and all risks of this program and facility.

2. No participant can be accepting into Wylde Horses program until a parent or guardian has signed this form or if the participant is of legal age, he/she may sign. All participants agree to abide by all rules and regulations of the facility. Therapeutic riding and interactions will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by the business, or any persons connected with the business on or off the facility.

3. The undersigned as self or parent/guardian of said minor_____, hereby agrees to hold harmless and indemnify Wylde Horses LLC, its officers, trustees, agents, employees, volunteers, representatives, and successors from all liability, causes of action, loss, costs, fees, any and all claims, demands, and damages of any kind and nature whatsoever including attorney's fees, which the undersigned may not or in the future have against said facility.

4. I agree to follow these guidelines and hold completely harmless Wylde Horses LLC, its officers, directors, trustees, agents, employees, volunteers, representatives, successors, assigns, subsidiaries, and affiliates with or through any services acquired from Wylde Horses LLC and AGREES NOT TO SUE them in connection with any liability, causes of action, loss, costs, fees, any and all claims, demands and damages of any kind and nature whatsoever.

5. This agreement Is non-assignable and non-transferable and is made and entered into the State of California and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then the clause is void.

Print: _____

Signed: _____

Date: _____

Wylde Horses Program Policies

These policies are in place to ensure the safety of program participants, volunteers, equines, staff, and visitors. In addition to the policies listed below, the facility has a **STRICT 5MPH** speed limit near and on the property. Repeated violations of the speed limit will result in exclusion from the facility.

Please read these policies carefully, initial at the end of each section, and sign on the last paper.

Participant Fees and Payments

- A credit card will be held on file for each participant. Services will be billed at the end of each month.
- A $40 evaluation session will be held for every individual considering mounted riding lessons
- Wylde Horses bills at the end of the month, for the month's services. We invoice and bill for a "package" and anticipate the agreed upon frequency. If lessons are missed or cancelled, they will still be charged regardless of if a make-up session gets schedule. It is your responsibility to schedule a make-up session if one if cancelled.
- No sessions will be held until credit card is on file.

Enrollment and Attendance

- The facility requires a completed enrollment application to determine suitability of the participant for these activities and for horse selection
- The facility requires a 2 week notice to be removed from the schedule without a cancellation fee. If a 2-week notice is not provided there will be a $100 fee.
- If a client misses 3 consecutive lessons with no notice they will be removed from the schedule and no refund will be available.
- If the client must take medical leave, the facility requires written release from the physician before the client can return.
- Parents/guardians must remain in the observation area during the scheduled session. This includes siblings, guests, or other family members attending the session.

Missed Lesson Policy

- If you are more then 15 minutes late, sessions will be cancelled.
- The facility requires a 24-hour notice for cancellations for the purpose of staff and volunteer scheduling. Sessions cancelled within 24 hours will still be billed.
- There are no refunds given for any cancelled sessions. We may be able to reschedule your session for a different day/time. The facility runs at full capacity with limited resources. However, make up sessions are not guaranteed.

- In case of inclement weather conditions (rain, high wind, heat, etc.) and mounted lessons cannot safely be performed, a horsemanship lesson will replace the mounted lesson. These lessons focus on the bond with the horse and cover topics including but not limited to grooming, handling, feeding, body parts, tack parks, medical treatments, and helpful exercises. If a client chooses not to attend a horsemanship lesson, no make-up, refund, or credit will be provided.

Participant and Guest Attire

- For everyone's safety, all visitors and participants must wear closed toed shoes. Visitors in open toed shoes may go straight to the observation area but may not approach any equine.
- Boots with a hard sole and a ¼ inch heel are recommended for all participants but are not required. Program staff determines the appropriateness of all footwear.
- Participants must wear long pants.
- Helmets are required by all participants riding or near equine. This included barn activities we well as riding. Helmets can be supplied by the facility. Please note, Wylde Horses engages in regular cleaning/sanitation of helmets and tack. However, we **strongly** suggest participants invest in their own ASTM/SEI approved helmet to reduce the number of transferrable viruses/bacteria.

Activity and Workload Limits

- Activities and workload limits are individually set by the program staff for each horse in the program.
- Horse selection is determined by many factors. At the sole determination of program staff, the most appropriate horse (s) will be matched with a participant.
- Weight and workload limits are individually set for equine in the program. Workload factors include, but are not limited to, weight, balance, and level of independence of the rider and the length of the lesson. No equine in the program has a weight limit higher then **200 LBS.**

Participant Dismissal

- As detailed above, each horse in the program has an individually set weight and workload limit. For the safety of the instructors, volunteers, students, and horses, riders whom staff are unable to match with an appropriate equine are not able to participate in mounted lessons. However, horsemanship/therapeutic interactions may be provided for such individuals is appropriate.
- The facility has a **strict** "no aggression" policy for the safety of the instructors, volunteers, participants, and horses. In case of aggression and/or violence, the participant may be dismissed at the first incident. However, at the discretion of the program staff, two warnings may be given depending on the severity of the incident. At the third incident, the participant will be dismissed from the facility.
- A participant **will** be dismissed from the facility if it is determined that the risk for injury to the participants exceeds the potential for benefits.
- Violation of any of these policies by the participant or by the participants family member(s), guest(s), or visitor(s) **will** result in the dismissal of the participant from the facility.
- For the safety of the instructors, volunteers, students, and horses, participants must follow all facility guidelines, safety precautions and the directions of the grounds.
- In summary, reasons for dismissal include, without limitation, the following: recommendation from consulting medical provider or therapist, incidence of aggression and or/violence, behavior that endangers self or others, disregard for the facility policies, disrespect to others, or inability to provide a horse appropriate for a participant.

Photo Release

- I give Wylde Horses LLC permission to take and have taken still or moving photographs of themselves, family, or guests at the facility. The undersigned also authorizes Wylde Horses to use such photographs in its advertising, news media, brochures, and material.

By signing below, I acknowledge that I have read and understand the above policies

_____ _____

Print Name Signature

_____ _____

Date Participant Name(If different from signer)

_____

Relationship to Participant (If signed by someone other than participant)