Hello future Wylde Horses member!

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 equine sessions to provide the most comprehensive care. Not only do we offer therapeutic mounted and unmounted sessions, but also gardening, arts and crafts, animal interactions, equine assisted reiki mental health workshops, and monthly camps.

Wylde Horses was inspired by our three children, Wylde, Ever, and Sunny. After our oldest son, Wylde, was diagnosed with a rare neurological disorder that impacts his everyday life, we began exploring therapies and opportunities that would help him grow, gain independence, and thrive. His journey inspired us to create a place where others facing similar challenges could experience the healing power of horses. Watching the incredible bond between Wylde and his younger brothers, Ever and Sunny, has only strengthened our belief in the importance of inclusion, connection, and belonging. What began as a mission to help our son has grown into a place where individuals of all abilities can learn, grow, and thrive together.

Please fill out the Participant Enrollment Packet and return to us via email at your earliest convenience. 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 now part of ours!

Please submit paperwork to:
Rachael@wyldehorses.com

With Excitement,

The Wylde Horses Team

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: _____

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

SDRC Coordinator First and Last Name: _____

Phone Number: _____

Email: _____

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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 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? Hay, horses, peanut butter?			
Have pain?			
Have emotional/behavioral 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 below 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.*

_____

_____

_____

_____

_____

_____

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Questionaire

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 any of the following that applies:

- o Depressed mood
- o Anxious mood
- o Excessive worrying
- o Impulsivity
- o Fatigue
- o Loss of interest
- o Sleep difficulties
- o Racing thoughts
- o Loss of appetite
- o Excess energy
- o Low self-esteem
- o Non-Verbal
- o Grief/Loss
- o Comfort eating
- o Poor concentration/focus
- o Relationship stress
- o Drug/Alcohol abuse
- o Difficulty w/ self-expression
- o Aggressive behavior

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Seizure Information

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?

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Physician Referral Form

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

Any 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: _____

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Rider Authorization for Emergency Medical Treatment

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: _____
Client's Phone #: _____
Client's Address: _____
Allergies: _____

In the event I cannot be reached:
Contact #1: _____
Phone Number: _____
Contact #2: _____
Phone Number: _____

Physician's 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 to 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/objective/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:

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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:

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Therapeutic Riding Program Educator Assessment

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:

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Sunday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Wednesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Monday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Thursday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Tuesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Friday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00		5:00	

Please note, we are CLOSED on SATURDAYS

Please list any details regarding scheduling availability:

_____

_____

_____

_____

Physician Referral Form

Name of Participant: _____
Name of Guardian: _____
Address: _____
Telephone Number: _____

1. **Wylde Horses Therapeutic Riding Facility** is professionally organized and thoughtfully supervised. All staff, volunteers, and horses have been carefully selected. Safety equipment is used for all riders, but horseback riding and interaction with horses involve inherent risks. These risks vary with each activity and range from minor injury to serious injury or even death. I acknowledge, understand, and voluntarily assume and accept all such risks associated with this program and facility.
2. No participant may be accepted into the Wylde Horses program without a signed liability release. All participants (or their parent/guardian) agree to follow all rules and safety protocols. Though all sessions are carefully supervised, **Wylde Horses Therapeutic Riding Facility and any persons connected with it assume no liability for injury or accidents** occurring on or off the premises.
3. The undersigned, as participant and/or as parent or guardian of the minor named above, hereby agrees to **hold harmless and indemnify** Wylde Horses Therapeutic Riding Facility, its officers, trustees, agents, employees, volunteers, representatives, and successors from any and all liability, claims, demands, losses, causes of action, damages, or legal costs, including attorney's fees, arising out of participation in Wylde Horses activities.
4. I agree to follow all guidelines and safety instructions. I further agree to **release and not hold liable Wylde Horses Therapeutic Riding Facility** or any associated persons or entities for any incident or injury that may occur in connection with this program.
5. This agreement is **non-assignable and non-transferable**, is governed by the laws of the State of California, and is intended to be interpreted as broadly as legally permitted. If any part of this waiver is deemed unenforceable, the rest shall remain in full force and effect.

Additional Waiver for Parent/Guardian or Individual Assisting During Lessons

I understand that **any parent, guardian, volunteer, or guest** who enters the arena, assists with a lesson, or is in proximity to horses on the premises **must also sign this waiver**, as they may be exposed to the same inherent risks of equine activities.

Name of Adult Assisting or Present Onsite (if applicable): _____

Relationship to Participant: _____

Signature of Adult: _____
Date: _____

Signature of Participant (if 18+): _____
Date: _____

Signature of Parent/Guardian (if under 18): _____
Date: _____

Program Policies
PLEASE READ!

These policies are in place to ensure the safety of program participants, volunteers, horses, 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 for the anticipated month's services.
- A mandatory $50 evaluation session will be held for every individual considering mounted riding lessons
- Wylde Horses bills at the end of the month. 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 scheduled. It is your responsibility to schedule a make-up session.
- 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 $200 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 than 15 minutes late, the session will be cancelled.
- The facility requires a 24-hour notice for cancellations for the purpose of staff and volunteer scheduling.
- 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**. Make-up sessions for missed lessons must be rescheduled in a **reasonable** amount of time. No more than 2 weeks.
- 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, tacking, 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-toe shoes. Visitors in open-toe shoes may go straight to the observation area but may not approach any horses.
- 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 are urged to wear long pants.
- Helmets are required by all participants riding or near horses. This includes barn activities as 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 horses 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 than **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 horse will not be able to participate in mounted lessons. However, horsemanship/therapeutic interactions may be provided for such individuals as 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 participant's 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 rules of the ranch.
- 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 Therapeutic Riding Facility 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 any other materials.

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)

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