



HART Equine Therapeutic Center, Inc.

10198 Brookside Road
Auburndale, WI 54412
715-305-5166 www.hartetc.com



APPLICATION TO PARTICIPATE IN EQUINE-ASSISTED SERVICES 2026

Name:

Birthdate:

Address:

Home Phone:

City, State, Zip:

Cell Phone:

E-mail:

Your Employer:

Name of Parent/Guardian:

Phone:

Address:

Email:

Additional Parent/Guardian:

Phone:

Address:

Email:

Emergency Contact:

Phone:

Relationship:

Cell:

Caregiver:

Phone:

Email:

HAVE YOU RIDDEN A HORSE BEFORE? Yes No

ARE YOU WILLING TO ATTEND EVERY CLASS? Yes No

Who is responsible for payment:

Do you receive funding other than personal payment for services? Yes No

If yes, please list your Case Manager's info:

Name:

Address:

Email:

Phone:

How did you hear about HART Equine Therapeutic Center, Inc.?

If "Other", please elaborate:

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.



Orthopedic

Neurologic

Medical/Surgical

Secondary Concerns

ARE YOU CURRENTLY ENROLLED IN (please select all that apply):

Explain therapy involvement:

Medications that may affect your participation in HART services:

Describe abilities/difficulties in the following areas, include assistance required or equipment needed.

Physical function: (i.e., mobility skills such as transfers, walking, wheelchair use, driving, bus riding)

Psycho/social function: (i.e., work/school including grade completed, leisure interests, relationship-family structure, support systems, companion animals, fears or concerns, etc.)

Goals: What would you like to accomplish? Short (6-12months), Long (2-3 years), General Goals

ADDITIONAL INFORMATION OR COMMENTS YOU FEEL WOULD BE HELPFUL:

IS THERE SOMEONE THAT IS INTERESTED IN VOLUNTEERING DURING THE STUDENT'S SESSION? (Parent, Sibling, Caregiver, etc.)

Name:

Phone:

LIABILITY RELEASE

I/ my child would like to participate in the HART Equine Therapeutic Center, Inc. (HART) Program as a rider, volunteer, or staff person. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks assumed. I, hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against HART Equine Therapeutic Center Inc., its Board of Directors, instructors, volunteers, horse owners and/or employees and Royal T Ranch, LLC as a stable and property owners for any and all injuries and/or losses that I/ my child may sustain while traveling to or from, or participating in any HART services.

Wisconsin State Statutes Sec. 95.481

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction by HART Equine Therapeutic Center, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

MEDICAL TREATMENT CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or any other use for benefit of the agency, I authorize HART Equine Therapeutic Center, Inc. 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.

This authorization includes X-ray, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

SAFETY

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the HART Equine Therapeutic Center, Inc. (HART) Mission Statement, I acknowledge the expectations required of all HART participants. I am aware that disregarding any one of these expectations may result in dismissal from HART.

- ♥ Safety is the top priority when working with horses.
- ♥ Listen to and obey the instructor.
- ♥ Follow the barn rules which include, but are not limited to: no smoking, no weapons allowed, no running or yelling, no hand feeding the horses, chewing gum is not allowed.
- ♥ Follow Dress Code for personal safety. Preferred riding attire: jeans and sturdy boots/shoes. Shorts/sandals are not allowed, nor slippery leggings for riding.
- ♥ Be courteous and arrive in punctual manner.

HONESTY ACKNOWLEDGEMENT STATEMENT

I understand that this is an application to participate in equine-assisted services.

I certify that I have and will provide information in an interview with HART Equine Therapeutic Center, Inc., personnel that is true, correct, and complete to the best of my knowledge.

I certify that I will answer all questions to the best of my ability and that I have not, and will not, withhold any information that will unfavorably affect my opportunity to participate.

I understand that misrepresentations or omissions may be cause for immediate rejection of my application.



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www.hartetc.com 715-305-5166 kim.hartetc@gmail.com

PAYMENT, CANCELLATION AND WEIGHT POLICIES 2026

HART Equine Therapeutic Center, Inc. is a nonprofit organization that is committed to offering therapeutic services to the community.

Payments are due the 1st of the month prior to service being rendered.

- ♥ Initial/renewal evaluation \$100
- ♥ Therapeutic riding group session \$100 – 45 minutes/1 hour
- ♥ Therapeutic riding private session \$200 – 45 minutes
- ♥ Grooming class \$50 – ½ hour
- ♥ Grooming/groundwork class \$50 – ½ hour

The most benefit for students is attending each lesson; students are expected to attend 4/5 classes per month. **Your commitment to services is important for the program. HART still incurs all the costs related to that time, as well as impacting volunteers, horses and instructors.**

If the participant arrives more than 10 minutes late without adequate notice, the instructor has the right to refuse service. **Your appointment is just like any other appointment.** This policy maintains the quality of the lesson and ensures it is not interrupted by late arrivals. This is also for the well-being of all participants and will ensure enough volunteers on hand for the safety of the lesson. If you know you are going to be more than 5 minutes late to a lesson, please call or text the center and leave a message.

Please give 1 week notice for vacation cancellations and 24 hours for all other instances. Instructors and volunteers appreciate as much notice as possible when a participant is unable to come to class. Some volunteers travel a distance to help HART offer this service. **The lesson plan, number of volunteers, horse mounting order and usage, along with many other dynamics in the class are affected by missing participants.**

HART reserves the right to conduct ground lessons if we do not have the proper number of volunteers needed to safely conduct a riding class, therapeutic riding rates still apply.

If the participant has a case with a government agency that will pay for equine-assisted services, we can bill them directly. Any changes regarding "responsibility for payment" must be emailed to us in advance. If payment is not received, the parents/individuals are responsible for the outstanding fees within 60 days of the last lesson.

Parents/individuals are responsible for supplying an approved authorization by your chosen agency.

HART cancellation policy: We reserve the right to cancel or postpone classes for safety reasons or weather conditions. In the event a class is cancelled, the instructor will call/text participants and volunteers. Please be aware that classes may be cancelled 2 hours prior to start time, some volunteers are traveling a distance. Any classes cancelled by HART will be credited to the next month.

For the safety of our horses and volunteers, **HART does not allow students under 4 years of age or over 200 pounds to ride.** Because HART would love to have you participate if you fall outside our guidelines, you are welcome to inquire about groundwork or grooming classes.

I have read and understand the payment, cancellation, make-up, and weight policies by which HART Equine Therapeutic Center, Inc. operates. By signing below, I indicate my willingness to abide by the rules and policies.

PARTICIPANT'S NAME:

DATE:

PARENT/GUARDIAN'S NAME PRINTED:

SIGNATURE:



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PHYSICIAN'S REFERRAL FORM

Please complete this form in its entirety and return by mail to HART

HART Equine Therapeutic Center, Inc. is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest protection and personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a riding student.

Participant's name _____ DOB: _____

Parent/Guardian name _____

Address _____

City/State/Zip _____

Phone _____ CURRENT HEIGHT _____ CURRENT WEIGHT _____

*200-LB WEIGHT LIMIT DEPENDANT UPON
Ambulatory Status, Range of Motion, AND Instructor Discretion*

NOTE: BECAUSE OF THE NATURE OF THE ACTIVITY OF HORSEBACK RIDING, NO INDIVIDUAL DIAGNOSED WITH DOWN SYNDROME CAN BE ACCEPTED FOR RIDING INSTRUCTION WITHOUT AN ANNUAL MEDICAL CLEARANCE FROM A LICENSED PHYSICIAN THAT INCLUDES A NEUROLOGIC EXAM THAT SPECIFICALLY DENIES ANY SYMPTOMS CONSISTENT WITH ATLANTOAXIAL INSTABILITY (AAI). THIS FORM MUST BE ACCOMPANIED BY A STATEMENT FROM THEIR PHYSICIAN, SIGNED AND DATED.

Primary Diagnosis _____

Date of onset _____

Secondary Diagnosis _____

Date of onset _____

Shunt Present Yes No Date of last revision _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

Medications:

Please indicate current or past special needs in the following system/areas, including surgeries. These conditions may suggest precautions and contraindications or may affect our procedures in equine assisted services.

	Yes	No	Comments
Allergies			
Auditory			
Balance			
Cardiac			
Circulatory			
Cognitive			
Coordination			
Emotional/Psychological			
Incontinence			
Immunity			
Integumentary/Skin			
Learning Disability			
Medications			
Muscle Tone			
Neurologic			
Orthopedic			
Pain			
Pulmonary			
Seizures			
Speech			
Tactile Sensation			
Visual			
Other			

Physician's Statement

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted services. I understand that the HART Equine Therapeutic Center, Inc. will weigh the medical information given against the existing precautions and determine eligibility for participation.

IN MY OPINION THE PATIENT NAMED ABOVE CAN RECEIVE RIDING INSTRUCTION UNDER APPROPRIATE SUPERVISION.

Name/Title _____ MD DO NP PA Other: _____

Signature _____ Date _____

Address _____

Phone _____ License/UPIN Number _____

This form is valid for a period of one year from the date signed.