



# HART Equine Therapy Center, Inc.

10198 Brookside Road  
Auburndale, WI 54412  
715-305-5166 [www.hartetc.com](http://www.hartetc.com)



## APPLICATION TO PARTICIPATE IN EQUINE-ASSISTED ACTIVITIES

**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 Therapy Center, Inc.?** (please circle)

Newspaper    Friend    Poster    Volunteer    Relative    Other \_\_\_\_\_



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**

- Spinal Fusion
- Spinal Instability/Abnormality
- Atlantoaxial Instability
- Scoliosis
- Kyphosis
- Lordosis
- Hip Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Coax Arthrosis
- Heterotopic Ossification
- Osteogenesis Imperfecta
- Cranial Deficits
- Spinal Orthoses
- Internal Spinal Devices

**Neurologic**

- Hydrocephalus/shunt
- Spina Bifida
- Tethered Cord
- Chiari II Malformation
- Hydromyelia
- Paralysis from Spinal Cord Injury
- Seizure Disorders

**Secondary Concerns**

- Behavior problems
- Age less than 2 years
- Age 2 – 4 years
- Acute exacerbation of chronic disorder
- Indwelling catheter

**Medical/Surgical**

- Allergies
- Cancer
- Poor Endurance
- Recent Surgeries
- Diabeties
- Peripheral Vascular Disease
- Varicose Veins
- Hemophilia
- Hypertension
- Serious Heart Condition
- Stroke (Cerebro-vascular Accident)

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

Physical Therapy

Occupational Therapy

Speech Therapy

Explain therapy involvement

**Medications** that may affect your participation in HART activities:

*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:** (Why are you applying for participation? What would you like to accomplish?)

**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 \_\_\_\_\_



**\*\*Initial for each RELEASE, ACKNOWLEDGEMENT, and CONSENT**

**LIABILITY RELEASE**

I/ my child would like to participate in the HART Equine Therapy 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 Therapy 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 activities.

**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 Therapy 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 Therapy 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 Therapy 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 activities.

I certify that I have and will provide information in an interview with HART Equine Therapy 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.

# HART Equine Therapy Center, Inc.

10198 Brookside Road, Auburndale, WI 54412  
[www.hartetc.com](http://www.hartetc.com) 715-305-5166 [kim.hartetc@mail.com](mailto:kim.hartetc@mail.com)



## **PAYMENT, CANCELLATION AND WEIGHT POLICIES**

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

Payments are requested upfront to minimize billing. Payments are due the 1<sup>st</sup> of the month prior to service being rendered.

- ♥ Initial/renewal evaluation \$65
- ♥ Therapeutic riding \$65 – 1 hour
- ♥ Grooming class \$20 – ½ hour
- ♥ Grooming/groundwork class \$30 – ½ hour

### **NEW for 2021:**

**Prepayment for 2 therapeutic riding classes (\$130) is due before the first riding session. This deposit will be used only if the student misses a class. Each student will be allowed one makeup class per month which will be held monthly on the 1<sup>st</sup> Thursday. If the deposit has been utilized, a new deposit will be required before the next riding session. If the deposit is not used, it will be refunded at the end of the year.**

If the participant has a case with a government agency that will pay for equine-assisted activities, 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.

If the participant arrives more than 10 minutes late without adequate notice, the instructor has **the right to refuse service**. 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. HART instructors try to stay on schedule with each class.

Please give as much notice of a cancellation as you can if you are ill. 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 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.

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.

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 Therapy 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 \_\_\_\_\_



# HART Equine Therapy Center, Inc.

10198 Brookside Road  
Auburndale, WI 54412  
715-305-5166 [www.hartetc.com](http://www.hartetc.com)



## PHYSICIAN'S REFERRAL FORM

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

HART Equine Therapy 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Name \_\_\_\_\_



**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 activities.**

	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 activities. I understand that the HART Equine Therapy 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.