**Dream Walkers Equine Therapy Center**

**APPLICANT INFORMATION PART II**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Goals (reason for applying; what would you like to see accomplished):

Please tell us about the applicant. Include Likes: favorite foods, hobbies, pets, home life, siblings; and Dislikes: pets, sounds, etc.):

What types of things work best for the applicant in terms of rewards and motivation?

How does the applicant best communicate with others?

[ ]  Spoken language [ ]  Sign language [ ]  Written language

[ ]  Communication device [ ]  Combination of the above (please describe):

Does the applicant use:

[ ]  Echolalia (repeating words without regard for meaning)

[ ]  Stemming (rocking, spinning, hand flapping)

[ ]  Self Regulatory Behavior (Please describe how the applicant uses this self soothing

behavior)

Do changes in the applicant’s environment affect his/her behavior?

[ ]  Never [ ]  Sometimes [ ]  Frequently

**Authorization for Emergency Medical Treatment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Phone:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #:

Allergies to Medications:

Current Medications:

**Emergency Contacts:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the Center, I authorize Dream Walkers Equine Therapy Center to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

**(Please sign the Consent Plan or the Non-Consent Plan on next page)**

**Authorization for Emergency Medical Treatment**

**Consent Plan**

I **DO** give authorization that may include x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the emergency contact person(s) above is not able to be reached.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18 years of age, parent/guardian signature required below.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Consent Plan**

I **DO NOT** give my consent for 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 Center. In the event emergency treatment aid is required, I wish the following procedures to take place:

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18 years of age, parent/guardian signature required below.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo and Video Consent**

I, ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent\_\_\_\_\_\_ or do not consent \_\_\_\_\_\_ to authorize the use and reproduction by Dream Walkers Equine Therapy Center of any and all photographs, video/audio materials taken of me for the purpose of ongoing studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18 years of age, parent/guardian signature required below.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dream Walkers Equine Therapy Center**

**RELEASE OF LIABILITY**

This Release of Liability is made and entered into on this date \_\_\_\_\_\_\_\_\_\_\_\_ and for thereafter between Pauline A. Garcia (Executive Director) and Dream Walkers Equine Therapy Center and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The Participant); and, if Participant is a minor, their Parent or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In return for use, today and on future dates, of the property, facility and services of the Executive Director, the Participant, his heirs, assigns and legal representatives, hereby expressly agree to the following:

1. It is the responsibility of the Participant to carry full and complete insurance coverage on his horse if he owns or leases one, personal property, and herself.
2. Participant agrees to assume Any and All Risks Involved in or Arising from Participant’s Use of or Presence Upon Dream Walkers Equine Therapy Center, and the Executive Director’s Property and Facility including without limitation the risk of death, bodily injury, property damage, all kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency care, or the negligence or deliberate act of another person.
3. Participant agrees to hold Dream Walkers Equine Therapy Center , the Executive Director and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees, and agents completely harmless and not liable, and releases them from all liability whatsoever, and Agrees Not to Sue them on account of, or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of the Participant’s use of or presence upon Dream Walkers Equine Therapy Center, and the Executive Director’s property and facility, including without limitation, those based on death, bodily injury, or property damage, including consequential damages.
4. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release.
5. Participant agrees to indemnify and defend Dream Walkers Equine Therapy Center and the Executive Director against, and hold it harmless from any and all claims, causes of action, damages judgments, costs or expenses, including attorney’s fees, which in any way arise from the Participant’s use of or presence upon Dream Walkers Equine Therapy Center and the Executive Director’s property or facility.
6. Participant agrees to abide by all of Dream Walkers Equine Therapy Center’s and the Executive Director’s safety rules and Regulations.
7. This contract is non-assignable and non-transferrable, and is made and entered into in the State of Texas, and shall be enforced and interpreted under the laws of this State. Should any be in conflict with State Law, then that clause is null and void. When Dream Walkers Equine Therapy Center, the Executive Director and Participant, or Participant’s Parent or Legal Guardian if Participant is a minor, sign this contract, it will then be binding on both parties, subject to the above terms and conditions.
8. Warning: Under Texas Law (Chapter 87 Civil Practice and Remedies code) an Equine Professional is not liable for an injury to and/or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18 years of age, parent/guardian signature required below.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equine Therapy Consent for Release of Confidential Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client), hereby authorize and request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mental health professional) may release to representatives of Dream Walkers Equine Therapy Center the following information (please check the allowable information):

[ ]  Admission for Treatment [ ]  Diagnosis

[ ]  Psychiatric Evaluation [ ]  Psychological Testing Results

[ ]  Treatment Progress Notes [ ]  Discharge Summary

[ ]  Physician Orders [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this disclosure is for the development of an equine therapy plan and program. I understand that this authorization will remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please specify date, not to exceed 12 months).

This information will be released in the following format (verbal per telephone, electronic, email, mail, or hand-carried): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to Federal Regulations, this information will not be forwarded to any other provider or agent.

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

Client Date

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

Parent or Legal Guardian (if client under age 18) Date

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

Witness Date

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

Referring Mental Health Professional Date

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

Address and Phone Number of Mental Health Professional Date

 **Terms of participation—Please review carefully**

**Please save this document for future reference**

Before working with any student, an initial screening is conducted to allow us the opportunity to meet your child and observe their interest level in working with and riding horses. They may be asked to get on a horse or pony that is appropriate to their size and ride in a “mini-lesson” with a PATH INTL instructor. Please make sure your child understands that he/she will be asked to wear a helmet and may get on a horse or pony, and that they are properly dressed to do so (long pants, shoe with a hard sole and heel).

**Payment for initial screening is $50 and due with the rider’s application.** Screening is essential for matching riders to the appropriate mounts, as well as determining suitable class assignments. Assessment is done on an individual basis by the instructor and one to three volunteers as needed. This assessment process provides us with vital information necessary to provide riders with a safe and effective riding experience.

To be in compliance with national standards, we have established the following criteria for participating in therapeutic riding classes:

Minimum age: Four years of age

Maximum height/weight: up to 5’0” 150 lbs

5’0”-5’6” 175 lbs

5’6”-6’0” 200 lbs

6’0”-6’5” 250 lbs

Also for the safety of our riders, volunteers and instructors, we require that riders who weigh over 75 lbs be able to sit on a horse and balance themselves by holding on the handle of a surcingle with one hand.

**Scheduling Ride Times**

Riders will be enrolled on a first-come, first-serve basis. We will do our best to offer you the time slot of your choice, however, riders are grouped according to ability, experience, available horses and volunteers.

After safety, our first priority is to see our riders achieve their greatest level of riding independence. To meet that goal, riders are matched with horses and volunteers and placed into classes which will best suit their current level of abilities. Because of this, we may not be able to give you your first choice of hour and day to ride. We appreciate your understanding of the need to be flexible in scheduling ride times.

**\*\*NOTE: Classes will be confirmed on the basis of volunteer availability.** Please encourage anyone who is interested in volunteering to contact us. Often lack of volunteers is the only impediment to confirming a scheduled class. The need for committed volunteers is continuous and great!

**Missed Classes**

Dream Walkers will only refund or make up a class if we have to cancel a class because of weather, instructor illness or unavailability of a horse. In the case of inclement weather, we follow the Uvalde School District weather closure schedule.

**If a rider cannot make it to a class, please notify Pauline Garcia 830 279-7758.**

**Riders who are absent for THREE classes without having notified the instructor 24 hours in advance of the scheduled class will be considered “no shows” and the rider will be dropped from the class and no refunds will be given.**

The rider will also not be considered a student for the subsequent riding session, but put on a waiting list. **PHYSICAL/OCCUPATIONAL THERAPY QUESTIONNAIRE**

(To be completed by therapist only)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named client has applied for Therapeutic Horseback Riding Sessions at Dream Walkers Equine Therapy Center. So that we may design a riding program to best accommodate and benefit this person, we would appreciate your input. It is our intent to use our program as an extension of the services you provide; therefore, the following information is very helpful to us. WE want to assimilate your goals (both short term and long term) into ours for this person.

Specific Physical Therapy Needs to Address:

Current Treatment Goals: (we set 8-10 goals and evaluate progress every 12 weeks or as needed)

Recommended Gross Motor Activities:

Any Helpful Hints for Working with This Person:

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

Physical/Occupational Therapist Signature Date

Return to:

Dream Walkers Equine Therapy Center, 1740 FM 2690, Uvalde, TX 78801 \* (830) 279-7758

**SPECIAL EDUCATION TEACHER QUESTIONNAIRE**

(To be completed by therapist only)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named client has applied for Therapeutic Horseback Riding Sessions at Dream Walkers Equine Therapy Center. So that we may design a riding program to best accommodate and benefit this person, we would appreciate your input. It is our intent to use our program as an extension of the services you provide; therefore, the following information is very helpful to us. WE want to assimilate your goals (both short term and long term) into ours for this person.

Specific Cognitive and/or Behavioral Needs to Address:

Current Treatment Goals: (we set 8-10 goals and evaluate progress every 12 weeks or as needed)

Recommended Activities:

Any Helpful Hints for Working with This Person:

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

Special Education Teacher Signature Date

Return to:

Dream Walkers Equine Therapy Center, 1740 FM 2690, Uvalde, TX 78801 \* (830) 279-7758

**BEHAVIORAL THERAPY QUESTIONNAIRE**

(To be completed by therapist only)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named client has applied for Therapeutic Horseback Riding Sessions at Dream Walkers Equine Therapy Center. So that we may design a riding program to best accommodate and benefit this person, we would appreciate your input. It is our intent to use our program as an extension of the services you provide; therefore, the following information is very helpful to us. WE want to assimilate your goals (both short term and long term) into ours for this person.

Specific Behavioral Therapy Needs to Address:

Current Treatment Goals: (we set 8-10 goals and evaluate progress every 12 weeks or as needed)

Recommended Activities:

Any Helpful Hints for Working with This Person:

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

Therapist Signature Date

Return to:

Dream Walkers Equine Therapy Center, 1740 FM 2690, Uvalde, TX 78801 \* (830) 279-

**SPEECH THERAPY QUESTIONNAIRE**

(To be completed by therapist only)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named client has applied for Therapeutic Horseback Riding Sessions at Dream Walkers Equine Therapy Center. So that we may design a riding program to best accommodate and benefit this person, we would appreciate your input. It is our intent to use our program as an extension of the services you provide; therefore, the following information is very helpful to us. WE want to assimilate your goals (both short term and long term) into ours for this person.

Specific Speech Therapy Needs to Address:

Current Treatment Goals: (we set 8-10 goals and evaluate progress every 12 weeks or as needed)

Recommended Oral Motor Activities:

Any Helpful Hints for Working with This Person:

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

Speech Therapist Signature Date

 Return to:

Dream Walkers Equine Therapy Center, 1740 FM 2690, Uvalde, TX 78801 \* (830) 279-7758

**NOTICE**

THIS IS AN EQUINE FACILITY

All activities on these grounds are subject to the Equine Inherent Risk Law.

By your presence on these grounds you have indicated that you have accepted the limits of liability resulting from inherent risks of equine activities.

THIS IS NOT A SPECTATOR AREA

All persons in this area will be regarded as participants and limited by the INHERENT RISK LAW

This law is strongly supported by The American Horse Council

NOTICE:

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES

**Reference:**

**VERNON'S TEXAS STATUTES AND CODES ANNOTATED CIVIL PRACTICE AND REMEDIES CODE
TITLE 4. LIABILITY IN TORT \* CHAPTER 87.  LIABILITY ARISING FROM EQUINE ACTIVITIES OR LIVESTOCK SHOWS**

**Clothing Requirements for Riders**

Clothing restrictions are established to protect your safety. **Straight leg or slightly flared (boot cut) long pants** such as blue jeans or snug fitting leggings or riding breeches with knee-high socks to protect the lower leg if pants should ride up during a lesson. **Shorts are *never* permitted**. In summer, jeans or cotton tights with t-shirts are appropriate.

**Waterproof rubber or leather boots or leather shoes with firm soles** and HEELS, if possible. If the rider must use athletic shoes (running shoes) because of braces, etc., we can make an exception. However***, no riders wearing flimsy cotton tennis shoes (like Keds) or open-toed shoes or sandals will be permitted to ride or be in proximity to the stable area, arena or the horses****.*

**Raingear, when necessary, or a warm jacket**. Dress in layers as riders often get warm while riding. **NO LOOSE, FLOPPY, oversize clothing.**

We strongly recommend wearing gloves. Using reins can cause blisters on hands that are not used to them. Also, they keep fingers warm and protect from weather and dirt.

**In summer, bring a water bottle. When** it is very hot, the instructor will take a break during the lesson to insure that riders and volunteers are well hydrated.

**Other items that might be useful**: sunglasses, personal riding helmet, tissues, lip balm for chapped lips or any other personal items that might be necessary to aid in your comfort.

**We do provide helmets**. If you wish to purchase one for yourself, please consult with us as we are required to restrict helmet use to ASTM-SEI approved standards. These helmets are widely available and DWETC can refer you to a retail outlet.

 **DREAM WALKERS EQUINE THERAPY CENTER**

**BARN RULES**

**ATTENTION! The following rules apply to all program participants, staff members, volunteers, and anyone who visits Dream Walkers Equine Therapy Program. These rules are designed to insure safety, which is a primary concern here at Dream Walkers. Please help us to enforce these rules!**

• No abusive, threatening, or violent behavior towards people or animals will be tolerated on Dream Walkers’ premises.

• Alcohol and illegal drug use is prohibited on the Dream Walkers grounds, or at any Dream Walkers-hosted events.

• Absolutely NO smoking or use of open flames is permitted in the barn, or anywhere on the Dream Walkers’ premises.

• There will be **NO RUNNING OR SCREAMING** in the barn or around the horses.

• No one is permitted in the barn or in the adjacent paddocks and pastures unless a Dream Walkers staff member is present on the premises.

• No one may enter a pasture containing horses unless accompanied by a staff member.

• No one is allowed to handle, feed, or pet program horses unless supervised by a staff member.

• No one may ride a program horse unless supervised by a staff member.

• No person will be permitted to ride a program horse until s/he has submitted to Dream Walkers a completely processed set of the required forms for the current year.

• All riders must wear an ASTM-approved helmet while mounted, and use safety stirrups or wear hard-soled shoes with heels.

• No one may bring a non-program horse onto the Dream Walkers premises without prior permission from the Dream Walkers Executive Director.

• Children on the Dream Walkers premises must be supervised at all times.

• Dogs MUST be on a leash.

• Barn aisles must be kept clean and free of obstructions.

All accidents, injuries, or hazardous conditions must be reported to a staff member as soon as possible.