



Our Mission: "To enhance the health of people and our community through relationships with horses."

Student Application

Name: _____ Date of Application: _____

Date of Birth: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Contact Information

Parent/Legal Guardian: _____

Address: _____

Phone: _____

Caregiver(s): _____

Address: _____

Phone: _____

Employer/School: _____

Address: _____

Phone: _____

Referral Source (Name): _____

Physician Mental Health Professional PT / OT / SPL Educator

Family Member/Friend Current Client Other _____

Military Service

Are you or any family member currently serving or have previously served in the United States Military?

Yes No If yes, which branch? _____

Rank: _____ Active, Discharged or Retired? _____ Relation to Client: _____

Past Equine Experience

I am a returning client Yes No If yes, since when? _____

I am a new client but have previously ridden with another therapeutic riding program Yes No

If yes, how long? _____ Where? _____

Riding Experience: Western English Dressage Trail Pleasure Competitive

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Client Health History, Functioning and Goals

Primary Diagnosis: _____ Date of Onset: _____

Secondary Diagnosis: _____ Date of Onset: _____

Allergies: _____

Medications: _____

Client Profile

Strengths: _____

Weaknesses: _____

Hobbies/Interests: _____

Program Goals: _____

Physical Functioning

Mobility (ambulation, balance & coordination): _____

Fine & gross motor skills: _____

Sensory processing (auditory, visual, olfactory, tactile, taste, proprioceptive, vestibular): _____

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Cognitive Functioning

Communication (receptive/expressive): _____

Behavior (attention/focus/compliance/idiosyncrasies): _____

Social skills: _____

Academic Achievement Level: _____

Emotional Functioning

Psychological/psychosocial needs: _____

Family relationships: _____

Consent for Evaluation and Treatment

I ___ DO ___ DO NOT give my consent for evaluation and treatment specific to psychotherapy during the process of receiving equine assisted services at HARTH FOUNDATION, 3307 Sunset Cliff Road, Burnet, Texas 78611

Signature of client, parent or guardian

Date

HARTH FOUNDATION

Liability Release

I, _____, the undersigned adult client or parent/guardian of the client would like to participate in Equine Assisted Activities and Therapies (EAAT) at HARTH Foundation, 3307 Sunset Cliff Road, Burnet, Texas 78611.

I acknowledge the risks and potential for risks of equine activities. I understand that I or my child/ward will be working with and around the horses of HARTH FOUNDATION, including both ground and mounted activities. However, I feel that the possible benefits to myself or my child/ward are greater than the risk assumed. I, the undersigned adult client or parent/guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims of damages against HARTH FOUNDATION, its board of directors, trustees, agents, instructors, instructors in training, therapists, employees, representatives, volunteers, owners of property on which HARTH Foundation operates, its successors or assigns.

I understand that under TEXAS EQUINE LIABILITY ACT (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a client in equine activities resulting from the inherent risks of equine activities.

Signature of client, parent or guardian

Date

Photo Release

I ___ DO ___ DO NOT consent to and authorize the use and reproduction by HARTH FOUNDATION of any and all photographs and any other audio/visual materials taken of me or my child/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature of client, parent or guardian

Date

HARTH FOUNDATION

Consent for Emergency Medical Treatment

Name: _____ Date of Birth: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 agency I authorize HARTH FOUNDATION 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-rays, surgery, 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.

Signature of client, parent or guardian

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 agency.

___ Parent or legal guardian will remain on site at all times during the equine assisted activities.

___ In the event emergency treatment/aid is required; I wish the following procedure to take place:

Signature of client, parent or guardian

Date

HARTH FOUNDATION

Consent for Release of Information

I hereby authorize: _____
(Person or facility)

To release information ___ TO ___ FROM the records of: _____
(Client's name & date of birth)

The information is to be released to/received from **HARTH FOUNDATION**

For the purpose of developing an equine assisted activity program for the above named client. The information to be released is indicated below:

- ___ Medical history
- ___ Physical therapy evaluation, assessment and program plan
- ___ Speech therapy evaluation, assessment and program plan
- ___ Mental health diagnosis and treatment plan
- ___ Individual Habilitation Plan (IHP)
- ___ Individual Education Plan (IEP)
- ___ Psychosocial evaluation, assessment and program plan
- ___ Cognitive-behavioral management plan
- ___ Other: _____

This release is valid for a period of _____ (not to exceed one year) and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Client: _____

Please send materials to/from:

HARTH FOUNDATION
3307 Sunset Cliff Road
Burnet, Texas 78611
(512) 525-7774

HARTH FOUNDATION

Center Policies & Procedures

Initial

- _____ 1. **Age Requirement.** Individuals must be at least four (4) years old before they may participate in equine assisted activities at Harth Foundation
- _____ 2. **Weight Requirements.** Horse selections are based on safety, horse size, temperament and lesson objectives. For mounted activities, rider and tack may not exceed 20% of the horse's total weight. (Example, a client that weighs 180 pounds using a saddle that weighs 20 pounds must ride a horse that weighs greater than 1,000 pounds.)
- _____ 3. **Safety Requirements.** Individuals may be precluded from participating in equine activities if any of the following occur (at the discretion of the instructor):
 - a. The client's physical condition is exacerbated in any way by participation in equine activities.
 - b. An appropriate horse is no longer available.
 - c. The client's behavior poses safety concerns to the client, staff, volunteer(s) and/or horse.
- _____ 4. **Payment Policy.** Payment is due at the time of service unless prior arrangements have been made.
 - a. Payment is accepted by cash or check. Credit cards are not accepted.
 - b. There is a \$40.00 return check fee *payable at the time of the client's next visit.*
 - c. Agency funded services will be billed directly to agencies on a monthly basis or as per their requirements.
- _____ 5. **Cancellation Policy.** If you must cancel an appointment, please contact your instructor at least 24 hours in advance.
 - a. All cancellations made less than 24 hours in advance are subject to a \$25 "no show" fee, *payable at the time of the client's next visit.*
 - b. Three cancellations in a row, or 5 cancellations per 12 month period may result in the loss of your scheduled appointment time.
 - c. Make up sessions may be scheduled at the discretion of the instructor, contingent upon availability.
- _____ 6. **Weather Policy.** If temperature plus humidity is over 150 degrees, or if the temperature drops below 35 degrees, ground lessons may be administered at the instructor's discretion.

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- a. Classes are automatically cancelled in the event of a National Weather Service Warning for Burnet County at the time of the scheduled session.
- b. Classes are automatically cancelled in the event of cancelation due to Inclement Weather for Burnet Consolidated I.S.D. or Marble Falls I.S.D.
- c. In the event of a class cancellation due to inclement weather, HARTH FOUNDATION will notify the client by phone. It is the responsibility of the client/parent/guardian to assure that HARTH FOUNDATION has a current phone number for notification purposes.

_____ 7. **Client Documentation.** Clients will be required to sign a variety of forms, including but not limited to a photo release, liability release, emergency medical forms and attending physician forms, PRIOR to participation in equine activities.

_____ 8. **Rules of Participation.**

- a. All clients are required to wear an ASTM-SEI approved helmet during all mounted activities. Approved helmets are provided by HARTH FOUNDATION for client use.
- b. Clients should dress appropriately for equine activities. This includes, but is not limited to comfortable CLOSED TOE, CLOSED BACK shoes, weather appropriate attire, sunscreen, etc.
- c. Clients and participants will not wear revealing clothing, or clothing advertising drugs, alcohol, gang colors, sexual content or other inappropriate subject matter.
- d. If client is under 18 years of age or has a legal guardian, a designated adult must be on the premises at all times with the client unless prior approval has been obtained.
- e. Unsupervised children are not allowed at HARTH FOUNDATION Children must be supervised at all times while on HARTH FOUNDATION premises.
- f. PERSONAL PETS ARE NOT ALLOWED ON HARTH FOUNDATION PREMISES, with the exception of service animals.
- g. NO SMOKING ON HARTH FOUNDATION PREMISES.
- h. Clients and participants will not bring alcohol or drugs onto HARTH FOUNDATION premises or be under the influence of alcohol or drugs while on the premises.
- i. NO WEAPONS of any kind are permitted on HARTH FOUNDATION premises.
- j. Permission must be obtained from the client, parent, instructor and volunteer before photos or video are taken.

_____ 9. **Changes in Medical Condition.** Should a significant change in the client's condition (surgery, changes in seizure activity, etc.) occur at any time, a new physician's statement/release for equine activities may be requested at the discretion of the instructor. It is the responsibility of

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the client or parent/guardian to inform HARTH FOUNDATION staff of any significant changes in the client's condition.

- _____ 10. **Authorized Personnel Only Areas.** Only staff, volunteers and clients with supervision will be allowed beyond designated visitor areas. Off limit areas include, but are not limited to, horse tacking area, mounting area, horse stalls, barn, tack room, arena, trails and pastures. HARTH FOUNDATION staff and volunteers will strictly enforce this rule.
- _____ 11. **Private Property.** HARTH FOUNDATION is private property. There is no admittance outside of operating hours unless prior authorization has been received.
- _____ 12. **Texas Law.** As of September 1995, Texas enacted the following law:

Texas Law (Chapter 87, Civil Practices and Remedies Code), an equine professional is not liable for the injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.
- _____ 13. **Never hand feed the horses.**
- _____ 14. VIOLATION OF ANY OF THESE RULES MAY RESULT IN IMMEDIATE TERMINATION FROM THE PROGRAM.

I have read, understand and agree to follow the policies and procedures set forth by *HARTH FOUNDATION*.

Signature of client

Date

Signature of parent or legal guardian (if client under 18 years of age)

Date

HARTH FOUNDATION

Letter to Physician

Date: _____

Your patient _____ is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered Coed/
Hydromyelia

Other

Age – under 4 years
Indwelling Catheters/Medical Equipment
Medications – e.g., Photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (e.g., RA, MS)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact HARTH FOUNDATION.

Sincerely,

HARTH FOUNDATION

3307 Sunset Cliff Road, Burnet, Texas 78611

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Medical History & Physician's Statement

Patient's Name: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled: YES NO Date of Last Seizure: _____
 Shunt Present: YES NO Date of Last Revision: _____
 Special Precautions/Needs: _____
 Mobility: Independent Ambulation YES NO Wheelchair YES NO
 Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Result: + / --
Neurologic Symptoms of Atlanto Axial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

Condition	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and/or therapies. I understand that HARTH FOUNDATION will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to HARTH FOUNDATION for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _____ License/UPIN Number: _____