Welcome to Green Acres Interactive Therapy, Inc.

Prior to your first therapeutic riding session please complete and return:

- ☐ General Questionnaire
- ☐ Medical History/ Physician Statement
- ☐ Five-Week Session Information
- ☐ Release of Liability Agreement

We look forward to seeing you soon.

Sincerely,

The Green Acres Interactive Therapy Team

35750 De Portola Rd. ~ Temecula, CA 92592
info@GAITProgram.org
951-302-2384

General Information for GAIT Therapeutic Riding

Date:_____

Participant's Last Name:_____ First Name:_____

DOB:_____ Age: _____ Height: _____ Weight: _____ Gender: M F

Diagnoses:_____ Date of Onset: _____

Second Diagnosis: _____ Date of Onset: _____

(Optional)

Ethnicity: _____ Gross Household Income: _____ Interested in Scholarship: Y N

Parent Legal Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Parent Employer: _____ Title: _____ Work Phone: _____

Parent Employer: _____ Title: _____ Work Phone: _____

Medications: _____

Physical Function: Describe your abilities/difficulties in the following areas (include assistance required or equipment needed). For example: mobility skills such as transfers, walking, wheelchair use, driving..)

_____

_____

Physcho/Social Function: What grade completed/work force, interests, family structure, relationships, support systems, pets, fears, concerns, etc…)

_____

_____

Short Term Goals:_____

Long Term Goals:_____

Five-Week Sessions

Beginning the week of January 11th, 2022

GAIT will now be offering 5-week sessions as our exclusive lesson plan.

GAIT prides itself on providing client goal-oriented therapeutic riding lessons. By providing a consistent schedule, students can receive the full benefits of therapeutic riding while parents and instructors are able to monitor goals and growth more closely.

5-Week Sessions

Five lessons for $292.50 (10% off from our price of $65/lesson)

Five-week sessions allow GAIT to ensure staffing and horse availability while allowing us to work more closely on a student's individual goals. By attending therapeutic riding lessons on a consistent basis, students can receive a more rounded experience and get the most out of each lesson.

- **Make ups:** If a student is unable to attend their lesson and GAIT receives 24-hour notice of the cancellation, they will have a grace period for the rest of the week as well as the following week to make up their lesson. If the student does not retake their missed lesson in that time frame, they will not be able to make it up and they will not be refunded.
- **No show policy:** If a student is unable to attend their lesson and does not call at least 24 hours in advance to cancel then the student will not be offered a makeup lesson and will not be refunded for the missed lesson.
- **Payment:** Payment of each session ($292.50) is due upon reserving your time and date for the five-week session. Cash or check are acceptable forms of payment. Payments are due at first lesson.
  Please note GAIT is no longer accepting credit or debit cards.
- **Weather:** If poor weather prevents the ability to ride, we will do our best to reschedule your lesson during our makeup lesson spots reserved each week for extenuating circumstances.
- **No show policy**: 24-hour notice is required prior to the scheduled single lesson time for cancellations without a penalty. If cancellations occur within 24 hours of the lesson or the student is a "no call, no show" a $25 fee will be due prior to the next scheduled lesson.

Please note that the above schedules and policies are for your reference only. GAIT reserves the right to make changes to the schedule and policies as needed.

I Acknowledge the above policy information and agree to these terms:

_____ _____

Signature Date

_____

Printed Name

Questionnaire & Health History

Has the student had previous experience with therapeutic riding (circle one)? YES NO

Goals: What are you hoping to accomplish by participating at GAIT?

_____

_____

_____

_____

Comments: Please give any info that you feel will be helpful in lesson planning:

_____

_____

_____

_____

Does the Student…	**Yes**	**No**	**Comments**
Walk independently?			
Have poor balance/strength?			
Have speech/language difficulties?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have allergies or breathing problems?			
Have pain?			
Have emotional/behavioral problems?			
Have heat/circulation problems?			
Have a fear of heights?			
Have a fear of horses/animals?			

Dear Physician:

Your patient, _____ is

___ interested in equine therapeutic riding.
___ interested in continuing and participating in equine therapeutic riding.

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

Orthopedic

- Atlantoaxiallnstabilrsity - include neurologic symptoms.
- CoxaArthrosis
- Cranial Deficits
- Heterotopic Ossification / Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

Other

- Age - under 4 years
- Indwelling Catheters Medications
- i.e. Photosensitivity Poor
- Endurance
- Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- PhysicaJ/SexuaJ/Emotional Abuse
- Blood Pressure Control
- Dangerous to Self or Others
- Exacerbations of Medical Conditions
- Fire Setting
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- Peripheral Vascular Disease
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine therapeutic riding, please feel free to contact the operating center at the address/phone indicated above.

Sincerely,

Margaret W. Rich

35750 De Portola Rd. ~ Temecula, CA 92592
info@GAITProgram.org
951-302-2384

PARTICIPANT'S MEDICAL HISTORY AND PHYSICIAN'S STATEMENTS

Name:_____ DOB:_____ Height:_____Weight:_____Address:_____

Diagnosis:_____ Date of Onset:_____ Past/Prospective Surgeries: _____

Medications:_____Seizures Type:_____ Controlled: Y N Date of Last Seizure: _____

Shunt present: Y N Date of last revision(s):_____ Date of last Tetanus Shot:_____

Special Precautions/Needs: _____

_____

Mobility: Independent Ambulation Y N Braces Y N Assisted Ambulation Y N Wheelchair Y N
/Assistive Devices: _____

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

	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			

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications concur with a review of this person's abilities/limitations by a licensed/credential health professional (e.g. PT, OT, Speech, Psychologist, etc...) in the implementation of an effective equestrian program.

Name/Title: _____MD DO NP PA Other _____
Signature: _____Date: _____
Address: _____City: _____State: _____Zip: _____
Phone: _____ License/UPIN Number: _____

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Release of Liability Agreement

Name of Rider	
Date of Birth	
Diagnosis	
Parent/Guardian	
Address City & Zip	
Home Phone Number	
Cell Phone Number	
Email Address	
School or Institution	
Emergency Contact (name & phone number)	

Green Acres Interactive Therapy, Inc. (GAIT) is a professionally orientated and controlled. All staff, volunteers, and horses have been carefully selected. Safety equipment is used for all riders because horseback riding is a risk exercise.

No student can be accepted into the GAIT Program until a parent or guardian has signed this form or, if the rider is of legal age he or she may sign. Therapeutic riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILTY can be accepted by Green Acres Ranch, Inc or Green Acres Interactive Therapy, Inc. or any persons connected with the organization.

The undersigned as self or parent/guardian of said minor _____, hereby agrees to hold harmless and indemnify GAIT, its officers, trustees, agents, employees, volunteers, representatives, and successors from all manner of liability, loss, costs, claims, demands and damages of any kind and nature whatsoever, which the undersigned may now or in the future have against the said facility.

Signature_____ Date: _____

Rider, Parent or Guardian

Photo / Video Release

I hereby consent to and authorize the use and reproduction by Green Acres Interactive Therapy, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature_____ Date: _____

Rider, Parent or Guardian

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