



Address: 1811 Mill Rd, Perkasio PA 18944

Telephone: 215-822-2515 ext 1

Website: www.ivyhillequestrian.org

Email: info@ivyhillequestrian.org

Ivy Hill Therapeutic Equestrian Center. We strive to offer positive and productive therapeutic equestrian activities and services to individuals with disabilities.

To apply as a client to receive services at Ivy Hill, the first step is to complete and return our application packet. Please return to:

Ivy Hill Equestrian
1811 Mill Rd
Perkasie, PA 18944
Attn: Megan Hance

Once we receive your completed packet, our Program Director will review your information, and will contact you to schedule an intake evaluation appointment.

During the actual intake appointment, we will assess the applicant's physical, cognitive and social/emotional needs and determine if therapeutic riding services will be applicable. This evaluation lasts 30 to 50 minutes, and will include discussion of additional medical and treatment history, as well as an assessment done in the barn on the ground and while the applicant is mounted on a horse. At the conclusion of the intake evaluation, recommendations will be made for services with either our Hippotherapy or Therapeutic Riding Instructor staff, along with our preliminary goals and lesson plans for the applicant. All further scheduling will go through the program director.

Please feel free to contact us with any questions.

Sincerely,
The Staff at Ivy Hill

Fees (payment must be made in advance or at time of service in the form of check or credit card):
Ivy Hill payments are due by the 5th of every month.

Pricing is as follows:

- Intake Evaluation
 - With a Hippotherapist - \$85.00
 - With a certified Therapeutic Riding Instructor - \$65
- Weekly session:
 - Hippotherapy
 - \$65.00 per 30 minute session
 - Therapeutic Riding
 - \$60.00 per 50 minute private session
 - \$50.00 per hour group session

 - \$50.00 per 30 minute private session
 - \$40.00 per 30 minute pair (where applicable)

This application packet must be completed with physician signatures on Medical pages in order to schedule an evaluation. Financial Aid is available for individuals who qualify.

Ivy Hill Credit Card Processing Information

Please send check or fill out credit card form at the bottom of this page:

Rider Name _____

Name on Card _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVV# _____ Zip Code _____

Run one time for \$ _____

Run Monthly based on number of lessons per month

Signature _____

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944

Phone: 215-822-2515

E-mail: info@ivyhillequestrian.org

Rider's Registration

Client: _____ Date of Birth: _____ Age: _____

Gender: M F

County Of Residence _____

Primary Phone number: _____ Home or Cell

Alternate Phone Number: _____ Home or Cell

Street: _____

City/state/zip: _____

Email Address _____

School or Institute currently attending: _____

Home School District: _____

Parents/Guardians Name(s): _____

Daytime Phone Number: _____ Relationship: _____

_____ Relationship: _____

Evening Phone Number: _____ Relationship: _____

_____ Relationship: _____

New Client Information:

How did you hear about us: _____

I was referred by: _____

Availability:

Ivy Hill conducts lessons 6 days a week. The more flexible you are the quicker we are able to schedule regular therapeutic riding sessions. Please specify days and or times you are available.

Example: Mondays and Wednesdays after 4

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Saturday _____

Receipts: Available upon request

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Consent For Release of Information

Ivy Hill may request additional information for the purpose of developing an individual riding therapy program for the client named below. If we have your permission to obtain additional information from other therapeutic services, please complete this form.

I hereby authorize Ivy Hill Therapeutic Equestrian Program to receive information from the records of:

Client Name _____

The information to be released is checked below:

YES	NO	
		Medical history from a physician
		Physical Therapy evaluation, assessment and program plan
		Occupational Therapy evaluation, assessment and program plan
		Speech Therapy evaluation, assessment and program plan
		Classroom Individual Education Plan (I.E.P.)
		Psychological evaluation, assessment and program plan
		Mental health diagnosis's and treatment plan
		Cognitive- behavioral management plan
		Other:

This release is valid for one year and can be revoked, in writing, at my request.

Print name: _____ Relationship to participant: _____

Signed: _____ Date: _____

Client (or Parent/Guardian, if client is under 18 years of age)

IMPORTANT

I agree to notify Ivy Hill, Inc. should the physical condition of the rider change at any time. Any operations or changes in medication must be made known to Ivy Hill immediately, and a new Prescription must be completed.



Address: 1811 Mill Rd, Perkasie PA 18944

Telephone: 215-822-2515 ext 1

Website: www.ivyhillequestrian.org

Email: info@ivyhillequestrian.org

Date: _____

Dear Health Care Provider:

Your patient, _____ (*participants name*) 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
Coxa Arthrosis
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
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Heart Conditions
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 regarding this patient's participation in therapeutic equine activities, please feel free to contact the operating center at the address/phone indicated above.

Sincerely,

Megan Hance
Program Manager

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Physician's Prescription

(To be used when a therapist is consulted. A therapist must have a prescription for each client he/she sees)

Client's Name: _____ Phone: _____

PRESCRIPTION FOR THERAPUTIC HORSEBACK RIDING/HIPPOTHERAPY

Prescription, where appropriate for evaluation and treatment by a Physical, Occupational and/or Speech Therapist in conjunction with the Therapeutic Horseback Riding Operating Center.

Recommended Frequency: _____

Precautions: _____

Physician's Signature: _____ Date: _____

Please Print, Type or Stamp

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Areas of need/improvement:

- Head and neck control
- Motor planning
- Range of motion
- Proprioceptive training
- Strengthening
- Motor planning
- Neuromuscular redirection
- Sensory motor integration

Other: Please Specify

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Rider's Medical History and Physician's Statement

Name: _____ DOB: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Tetanus Shot: YES NO Date: _____ Height: _____ Weight: _____

Seizure: Yes ___ No ___ Type _____ Controlled: _____ Date of Last Seizure: _____

Shunt Present: YES NO Date of Last revision: _____

Medication: _____

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking YES or NO; if YES, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			_____ sounds _____ words _____ sentences _____ no limitations
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies (medicine/environmental/etc)			
Learning Disability			
Mental Impairment			
Emotional/ Psychological Impairment			
Tactile Sensation			
Incontinence			
Coordination			
Balance			
Other			

Mobility: Independent Ambulation: Yes _____ No _____ Crutches: Yes _____ No _____
 Braces: Yes _____ No _____ Wheelchair: Yes _____ No _____ Sits independently: Yes _____ No _____
 Holds head up: 30 seconds _____ 2 minutes _____ No issues _____
 Please indicate any special precautions: _____

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 contradictions.

(please print or stamp)

Physician Name _____ MD DO NP PA Other
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Date: _____
 Physician Signature: _____ License/UPIN Number _____

Contraindications to Therapeutic Horseback Riding

The following contradictions, if present, may represent precautions to therapeutic horseback riding.

Please note whether these conditions are present, and to what degree.

Orthopedic	Yes	No	Mild	Moderate	Severe	Comments
Spinal Fusion						
Spinal Instabilities/Abnormalities						
Atlantoaxial Instabilities						
Scoliosis						Degree _____ Last X-Ray Date _____
Kyphosis						Degree _____ Last X-Ray Date _____
Lordosis						Degree _____ Last X-Ray Date _____
Hip Subluxation and Dislocation						
Osteoporosis						
Pathologic Fractures						
Coxas Arthrosis						
Heterotopic Ossification						
Osteogenesis Imperfecta						
Cranial Deficits						
Spinal Orthoses						
Internal Spinal Stabilization Device						
Fractures						
Medical/Surgical	Yes	No	Mild	Moderate	Severe	Comments
Cancer						
Poor Endurance						
Recent Surgery						
Diabetes						
Peripheral Vascular Disease						
Varicose Veins						
Hemophilia						
Hypertension						
Serious Heart Condition						
Stroke (CVA, TIA)						
Neurological	Yes	No	Mild	Moderate	Severe	Comments
Hydrocephalus/shunt						
Spina Bifida						
Tethered Cord						
Chiari II Malformation						
Hydromelia						
Paralysis 2 nd to Spinal Cord Inj.						
Seizure Disorder						
Muscular	Yes	No	Mild	Moderate	Severe	Comments
Hypotonic						
Hypertonic						
Trunk Contol-Upper/Lower extremity, specify						
Secondary Concerns	Yes	No	Mild	Moderate	Severe	Comments
Behavior problems						
Age under two years						
Indwelling catheter						
Acute exacerbation of chronic disorder						

Further comments / Notes:

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasio, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Down syndrome X-Ray Form ***(If Applicable)***

Dear Client, Parent or Guardian,

There is a condition known as Atlanto-Axial dislocation or subluxation that may be present in some individuals with Down syndrome.

Parents or Guardians of children, or Clients with Down syndrome, who seek to participate in horseback riding with Ivy Hill, must be made aware of this condition known as Atlanto-Axial dislocation or subluxation, which can occur in 10 - 20 percent of individuals with Down syndrome. The two vertebrae at the top of the spinal column are named the atlas and axis respectively. In some persons with Down syndrome, the ligaments and bone structures that normally maintain the proper position of these vertebrae with respect to each other and the skull are abnormal. The abnormality permits under certain conditions of physical stress the spinal column to shift, which pinches the nerves issuing from the base of the brain, leading to severe consequences.

Because of this possibility, Ivy Hill, Inc wishes to protect persons with Down syndrome from activities such as horseback riding which could aggravate this condition until their doctor has examined them. The doctor will determine if the condition is present by an examination that requires an X-ray view of the neck when it is both flexed and extended. If the X-rays demonstrate that the Atlanto-Axial dislocation or subluxation is present, then the person with Down syndrome may not participate in horseback riding.

***Cervical radiograph for Atlanto _ Axial subluxation: Positive_____ Negative_____**
Date of Radiograph: _____

Physician's Signature

Date

Physician's Printed Name & Title (MD or DO)

Phone

If Atlanto-Axial dislocation or subluxation is not present in an individual with Down syndrome, the individual may participate in the Ivy Hill Program.

Sincerely,

Ivy Hill Therapeutic Equestrian Center

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: _____ DOB: _____ 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: _____

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 _____ 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, 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.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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 equine assisted activities
 In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Release and Hold Harmless Agreement

"You assume the risk of equine activities pursuant to Pennsylvania Law."

The program at **IVY HILL FOUNDATION**. provides therapeutic riding and hippotherapy for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all clients/riders since horseback is a risk exercise. No client/rider will be accepted for riding services and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(S) of a minor, or if the student or volunteer is of legal age and sound mind, by the client/rider or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself(or for my son/daughter/ward) heirs, executors or administrators and do hereby agree to release, hold harmless and indemnify **IVY HILL FOUNDATION**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, its Employees, Supervisors and Associates harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **IVY HILL FOUNDATION**, facility located at 1811 Mill Rd, Perkasie PA 18944 or while off the property in conjunction with a **IVY HILL FOUNDATION** event or show.

Date _____ Participants Name (Print) _____

Participant or Parent/Guardian Signature _____

Print Parent/Guardian Name (If Applicable) _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 **Phone:** 215-822-2515 **E-mail:** info@ivyhillequestrian.org

Liability Release Form

_____ (participant's name) would like to participate in the Therapeutic Horseback Riding programs offered by Ivy Hill Equestrian of Ivy Hill Foundation, Inc. By signing this form, I acknowledge the potential risks of injury or death from interacting with and riding horses. I hereby, intending to be legally bound, for myself, my heirs, executor or administrators, waive and release all claims for damages I may have against Ivy Hill Foundation, Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers and/or Employees, and associates for any and all injuries, and/or losses I/my son/daughter/ward may sustain while participating at Ivy Hill.

Print name of Participant: _____

Signature of Participant: _____

Is participant under 18 years of age? _____

If yes, Print name of Parent/Guardian: _____

Signature of Parent/Guardian if participant is under 18 years of age: _____

Date: _____

Photo and Media Release

I hereby

- consent
- do not consent

to and authorize the use and reproduction by Ivy Hill Foundation, Inc. and Ivy Hill Equestrian of any and all photographs and any other audiovisual and printed materials of me (or my son/daughter/ward if participant is under 18 years of age) for the promotional and educational activities or other uses for the benefit of the programs at Ivy Hill.

Print name of Participant _____

Signature of Participant: _____

Is participant under 18 years of age? _____

If yes, Print name of Parent/Guardian: _____

Signature of Parent/Guardian if participant is under 18 years of age: _____

Date: _____

IVY HILL THERAPEUTIC EQUESTRIAN CENTER

Address: 1811 Mill Road, Perkasie, PA 18944 Phone: 215-822-2515 E-mail: info@ivyhillequestrian.org

Ivy Hill- Client Policies and Guidelines

Payment

- ❖ Payment must be received in advance or at the time of service for evaluations
- ❖ Non-payment for sessions will result in loss of appointment slot.
- ❖ Repeated account delinquency will jeopardize your appointment slot.
- ❖ Paid invoices can be generated available upon request.
- ❖ Lessons are held every day except major holidays unless otherwise notified (No Classes on Labor Day, Thanksgiving, Christmas Eve, Christmas Day, Memorial Day)
- ❖ Payments can be made by check or credit card (Visa, Master Card, Discover, or American express)
- ❖ All payments are due MONTHLY by the 5th of every month
- ❖ Invoices will be sent bi-monthly

ATTENDANCE AND CANCELLATION POLICY

The safety, satisfaction and delivery of services that reflect our mission, vision and values is based on the ability to schedule lessons within sessions and accommodate, as much as possible, the needs of our riders, families and employees. The following policies are in place to ensure efficient and effective use of time and resources.

❖ **Non-emergency Cancellation:**

We require 24 hours' notice when a lesson has to be cancelled. Please call 215-822-2515, ext.2 in the event you need to cancel. We ask for advanced notice in order to contact all staff, volunteers and therapists scheduled for your lesson. Please be courteous about cancelling lessons as your instructors' and volunteer's time is valuable. To receive credit against the cost of a future session, cancellations must be received at least 24 hours prior to lesson time or you will be charged for the lesson. Credits are limited to 2 cancellations per school year calendar (Sept. 1-Aug. 31) and will be credited against the cost of a future lesson.

❖ **No Show, No Call:**

A "no show" is not showing up for lesson or calling after lesson. **In these instances, you will be charged the full amount for the lesson.**

❖ **Late Arrivals:**

If you are running late we will hold the lesson for 15 minutes. After 15 minutes of the start time of the lesson, the staff is not obligated to hold the lesson. Whether the lesson is held or not, the lesson will be charged the full amount. If you know you will be late, please call the barn or let staff know so we can plan and use the time accordingly.

❖ **Emergency Cancellations:**

We recognize that emergencies do happen. Cancellation exceptions may be made in an emergency. Please discuss any emergency cancellation with the program director. An emergency would be hospitalization, death in family, or other special circumstances that have been previously discussed with the program director. An emergency does not include common cold or illness, or coming home from school early.

❖ **Taking a Break**

If you wish to take a break from lessons. You are not guaranteed the same slot back unless you wish to pay for the slot.

❖ **Additional Information:**

Excessive or repetitive cancellations will jeopardize your lesson appointment slot. Ivy Hill's program has seen tremendous growth over the past few years and time slots are at a premium. If you have an extended sickness or surgery, your time slot will be held during your absence. For the rider's safety, a doctor's is required to resume lessons after any surgery or injury.

❖ **Inclement Weather**

Ivy Hill may close or cancel lessons due to inclement weather or uncomfortable temperatures. In these instances, Closing notifications will be made by email, phone, and/or posted on Facebook. We will give as much notice as possible. By 8am for morning or daytime lessons and by 3pm for evening lessons. All weather canceled lessons will be rescheduled on given Sundays or when the schedule allows within 4 months of the weather canceled lesson. If you wish not to make it up that is your choice but no credit will be given.

General temperature guidelines for canceling sessions are:

- Heat/humidity, over 95 degrees
- Cold/wind-chill below 20 degrees.

There are times when the barn is closed for lessons throughout the year for various horse shows or special events. During those times, students can reschedule lessons as time slots allow but will not be charged if lessons are not re-scheduled.

Please sign here that you have read and will comply with this policy:

Client (Parent or guardian of client) signature

Date

Clothing

- ❖ Proper dress of riders is required:
 1. Long pants- sweats or yoga pants if not riding pants are best (no shorts).
 2. Riding boots or shoes with a hard sole and low heel; no sandals, no loafers, no sneakers. Appropriate foot wear can be (paddock boots-riding, or work boots-like timberlands)
 3. A safety-approved horseback-riding helmet (no bicycle helmets). Ivy Hill will provide helmets to borrow if the rider does not have his/her own. (ASTM-SEI Certified Helmet)
 4. Riders should not wear large necklaces, bracelets or earrings that dangle, or excessively loose-fitting shirts or pants.
 5. Riders who are not dressed appropriately will not be able to ride

Rider Limitations

- ❖ Ivy Hill participants must be 3 years old to participate in Therapeutic riding services. Special accommodations may be made with physician permission and physical development.
- ❖ Ivy Hill has a weight limit of 220lbs or less for ambulatory persons. Weight limitations may differ for persons requiring full transfer (180-200 depending on transfer and support required by participant) and will be at the discretion of the program director.

Barn and Safety Rules

- ❖ Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis. Cancellation will result if clients/riders forms are not returned to Ivy Hill by the due date.
- ❖ Should the physical condition of the rider change at any time, Ivy Hill should be notified immediately and a new Physician Release Form must be completed. (Please note that Physical Therapy and Occupational Therapy forms may not apply to each applicant.)
- ❖ For safety reasons all children and/or guests who come with you, **MUST STAY WITH YOU AT ALL TIMES**. We ask you to be responsible for your guests and children, in order that the horses are not startled during lessons. No spectators or family members allowed inside the riding ring during a session. All ring gates are to remain closed during the session.
- ❖ If you wish to go anywhere other than designated visitor areas, please check with a staff member first.
- ❖ Riders should arrive at the barn 5 minutes prior to the start of his/her session to allow the maximum use of the scheduled session time. Riders are not to be left unattended in the barn or on the property before the instructor/therapist starts the session or after the session. Ivy Hill staff cannot be responsible for supervising riders before or after the session time.
- ❖ Sandals are not permitted in the barn.
- ❖ Please do not hand-feed the horses - it can encourage biting. If you want to feed a treat, please ask permission from a staff person first, and place the treat in the horse's feed bucket.
- ❖ No running or yelling in the barn.
- ❖ No dogs allowed near or in the riding rings unless a therapy dog.
- ❖ Please allow our staff to conduct the lesson without interruption. When the session is taking place in the barn, please give the rider and staff room to work and without distraction.
- ❖ Only parents may be in the barn during grooming sessions and will have to return to observation room when grooming is done.
- ❖ No children in the barn if not working directly with an instructor.
- ❖ Our office is for staff only.
- ❖ For the safety of our riders no parents or family members may be in arena during the session unless helping with mounting or transfer and then will be asked to return to observation room until the end of the lesson.

Possible Reasons for Discharge

Please be advised of the following reasons that may lead to discharge from Ivy Hill Therapeutic Equestrian Center. Decisions will be made by management with input from instructors. All decisions are final.

1. Participant's head and neck control presents a safety concern.
2. Inability to follow directions is interfering with progress toward treatment goals.
3. Uncontrolled and inappropriate behavior that constitutes a safety risk to participant, staff, volunteers, and/or therapy horses.
4. Participant exceeds weight that can safely be managed by staff, volunteers, and/or therapy horses.
5. Any change in the participant's medical, physical, cognitive, or emotional condition that makes hippotherapy or therapeutic riding inappropriate.
6. Patient/client potential to maintain head and neck control in sitting presents a safety concern.
7. Frequently missed without prior canceling, at the discretion of the therapist and/or instructor with management consult.
7. Non-payment of funds after 30 days.
8. Paperwork that is not returned within 30 days of due date

Please sign for the participant's file.

Print Name _____

Signature of Participant or Legal Guardian _____ Date _____

These rules and guidelines are for the safety of our riders and the productivity of our sessions. We appreciate your cooperation!

We strive to make this a fun, learning, safe experience for everyone. Please do not hesitate to call the office with any questions you may have.

Ivy Hill- Rider Questionnaire

The following questionnaire is designed to give Ivy Hill information pertaining to each individual rider's behavior and ability. This will help us prepare group lesson plans and assist you in attaining individual goals. Please complete the questionnaire in as much detail as possible using the back of the page or attaching an additional sheet if necessary.

Name _____ Age _____

1. Briefly describe his/her disability:

2. What are the physical symptoms of the disability?

3. What goals do you hope he/she will achieve by participating in this program?

Short (6-12months)

Long (2-3 years)

General Goals

4. What other treatments or therapies has he/she undergone? Please specify when and for how long:

5. How would you describe his/her concentration, attention span and general awareness?

6. Would you characterize him/her as happy, aggressive, easygoing, enthusiastic, passive, excitable, depressed, introverted or extroverted? _____

7. How does he/she communicate? (Expressive and Receptive language)

8. Is there a history of incontinence? _____

9. What positive reinforcements does he/she respond to? _____

10. What are some things your rider likes or dislikes (topics, movies, books, etc)?

11. Have you had any prior horse experience _____

Please use the rest of this sheet / the reverse side to indicate any other areas of the potential rider's behavior and personality that will help us to best communicate, understand and work with him/her at Ivy Hill Therapeutic Equestrian Center

Completed by: _____ Date: _____

Relationship to Rider: _____

Ways to Help

Parents are always encouraged to offer their support by volunteering during the rider's lesson time. There are many ways to help, if interested please contact the office.

Please check the areas you may be interested in:

Stable Volunteer

- Assisting with lessons
- Grooming/ tacking a horse for a lesson
- Stable chores/ Horse care (feedings)

Administrative

- Public Relations (community outreach)
- Fundraising
- Volunteer Recruitment
- Photography/Video
- Board Member
- Committee Member
- Budget and Finance
- Future planning
- Newsletter
- Family event or social committee

Do you have access to any services that may be helpful to Ivy Hill?

Please list occupation in other if it may be beneficial. (Examples: OT, PT, school psychologist)

- Printing, Marketing Materials
- Computer Programming, Equipment (Please List: _____)
- Building Materials/Construction (Please List: _____)
- Electrical/Plumbing (Please List: _____)
- Horse Feed/Riding Equipment
- Medical Professional (OT, PT, Social Worker)
please specify _____)
- Education Professional

Other (Please specify): _____

Are you financially able to assist Ivy Hill in any way?

Does your employer match donations given to non-profits? YES NO

Does your employer require volunteer hours/service projects? YES NO

Is your employer/company interested in doing a lunch and learn? YES NO

Does your company do employee giving through payroll deductions? YES NO

Is your employer/company interested in doing a Casual for a Cause day? YES NO

(Find out more by asking staff or emailing Megan at info@ivyhillequestrian.org)