

OT OuTdoors

Occupational Therapy and Physical Therapy Services



"...because life doesn't happen in a clinic"

RIDER PACKET

(858) 945-3243 ♦ carrie@otoutdoors.com ♦ www.otoutdoors.com ♦
1461 Merritt Drive El Cajon, CA 92020



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QUESTIONNAIRE AND HEALTH HISTORY

Client's Name: _____

Client Weight: _____

Client Height: _____

Has the client had previous experience with hippotherapy? YES NO
If yes, please explain...

Occupational Therapy:

Physical Therapy:

Speech Therapy:

Has the client participated in therapeutic horseback riding or horseback riding lessons?

What are you hoping to accomplish through hippotherapy?

Please answer the following to help us best prepare for your arrival and evaluation:

<u>Does the client...</u>	<u>YES</u>	<u>NO</u>	<u>Comments</u>
Walk independently?			
Have poor sitting/standing balance?			
Have speech/language difficulties?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have allergies or breathing problems?			
Have a history of seizures?			
Have emotional/behavioral problems?			
Have heart/circulation problems?			
Have short term/long term memory loss?			
Have a fear of heights?			
Have a fear of horses or animals?			
Precautions / Contraindications?			

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name of Rider:

Name of Parent /Guardian:

Rider's Date of Birth:

Current Diagnosis:

Current Medications:

Allergies to Food/ Medications/ Environment:

Date of Last Tetanus Shot:

Health Insurance Policy#:

Special Instructions:

In the event that emergency medical treatment is required due to an illness or injury during a hippotherapy session, I authorize OT OuTdoors to:

1. Call emergency medical help and consent to any necessary treatment that may include transportation, x-ray examination, surgery, medication, or hospitalization.
2. Release this "emergency medical treatment form" to authorized emergency medical personnel if needed.

It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Consent Signature _____ Date _____

Print Name and Relationship _____

Mother (cell): _____

Father (cell): _____

Doctor contact information in case of an emergency:

Name: _____

Phone: _____

Address: _____

Email: _____

PHYSICIAN'S REFERRAL FORM

To be signed and dated by current Doctor

Patient's Name: _____ Date: _____

Patient's date of birth: _____ Height: _____ Weight: _____

Medical History

Diagnosis: _____ Date of onset: _____

Primary Disability: _____

Other Concerns: _____

Hospitalizations: _____

Shunts/Assistive Devices: _____

Seizures/Allergies: _____

Present Medications: _____

Physical Evaluation

Skin/Circulation _____ Neuro/Sensation _____

Heart/Lungs _____ Balance/Coordination _____

Bowel _____ Bladder _____

Vision _____ Hearing _____

Speech _____ Spasticity/Rigidity _____

Auditory _____ Muscular _____

Atlantoaxial Instability _____ Spinal Instability/Abnormalities _____

Other _____

Precautions/Contraindications to Hippotherapy Horseback Riding: _____

In my opinion, this patient is able to receive Hippotherapy services, using the movement of the horse as a treatment strategy for Occupational Therapy, Physical Therapy and/ or Speech Therapy under appropriate supervision at OT OuTdoors.

Physician's Name _____ Phone _____

Office Address _____

Physician's Signature _____ Date _____

HORSE USE AGREEMENT AND LIABILITY RELEASE FORM For INDIVIDUALS

This form must be completed by and for each participant / client

Carrie R. Jacobs dba OT OuTdoors

BUSINESS NAME / STABLE NAME, HEREINAFTER KNOWN AS “THIS STABLE”

LOCATION: 1461 Merritt Drive, El Cajon, CA 92020

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE- In consideration of the payment of a fee and of the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horse back riding today and on all future dates.

RIDER NAME	AGE (if under 21)	Weight	Horse Riding Experience (check which applies)
_____	_____	_____	_____ Beginner (under 10 hours)
			_____ over 10 hours

Does this rider have physical or mental health problems, which may affect his/her safety and ability to ride a horse? Yes No

If “Yes” describe here:

Signature

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state of THIS STABLE’S physical location. The term “HORSE” herein shall refer to all equine species. The term “HORSEBACK RIDING” herein *shall refer to riding or otherwise handling of horses*, ponies, mules, or donkeys, whether from the ground or mounted. The term “Rider” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms “I,” “me,” “my” shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

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initial

C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such an activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

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D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: this stable chooses its horses for their calm dispositions and sound basic training as is required for use and riding horses for novice and beginning riders, and THIS STABLE follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5-15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than human. If a rider falls from horse to ground it will generally be at a distance from 3-1/2 to 5-1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened and provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short: Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

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E. RIDER RESPONSIBILITY – I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. **I agree that the rider shall be responsible for his/her own safety.**

[]

F. CONDITIONS OF NATURE – I UNDERSTAND THAT: THIS STABLE IS NOT responsible for total or partial acts, occurrences or elements of nature than can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightening, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

[]

G. CARRY ON OBJECTS AND SHARP NOISES – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. SOME EXAMPLES ARE: Cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling which may scare a horse.

[]

H. SADDLE GIRTHS- NATURAL LOOSENING - I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse’s belly) may loosen during ride. IF a rider notices his he/she must alert the nearest staff member or volunteer as quickly as possible so action can be taken to avoid *slippage of saddle and potential fall from the animal*.

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I. ACCIDENTAL INSURANCE- I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.

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J. PROTECTIVE HEADGEAR OFFERING- I, for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding helmet) by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries, and even prevent death happening as the result of a fall or other occurrence. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider’s head, and that once provided I/WE will be responsible for securing these helmets on this rider’s head at all times. Mark an “X” below in the box before the statement, which describes your choice to wear, or not wear, STABLE-PROVIDED protective headgear:

[] PROTECTIVE HEADGEAR ACCEPTANCE: I/WE REQUEST TO WEAR PROTECTIVE HEADGEAR, WHICH *THIS STABLE PROVIDES*.

[] PROTECTIVE HEADGEAR REFUSAL; I/WE REFUSE TO WEAR ANY TYPE OF PROTECTIVE HEADGEAR AND/OR WILL PROVIDE MY/OUR OWN. I/WE ACCEPT FULL RESPONSIBILITY FOR MY/OUR SAFETY IN THIS DECISION.

[]

K. LIABILITY RELEASE- IN CONSIDERATION OF THIS STABLE allowing my participation in this activity, under the terms set forth herein, I the rider, and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its owner, agents, employees, officers, members, premises owners, and affiliated organizations from legal liability due to THIS STABLE’S ordinary negligence; and I do further agree that except in the event of THIS STABLE’S *gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES* as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE.

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ALL Riders and Parents or Legal Guardians MUST SIGN below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNING, RELEASE AND ASSUMPTION OF RISK, I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER DATE

SIGNATURE OF PARENT OR GUARDIAN FOR NAME OF RIDER (Print) DATE

Address City State Zip Code

Phone Email

DOWN SYNDROME RIDERS

It is recommended that all Down syndrome riders have X-rays to determine if Atlantoaxial Instability is present. AI, simply explained, is an instability or dislocation of the joints between the first and second cervical vertebrae that could result in serious injury or paralysis.

Please ensure your child's safety by having an X-ray taken and read by a qualified physician. Once this is completed please indicate the results below.

Name of Rider: _____

Date of Exam: _____

Results of Exam: _____

If the x-ray results are positive, OR if you have decided to forgo the x-ray, signing below will indicate that you understand the precautions and associated risks and give your consent for your child's participation in hippotherapy.

Name of Rider: _____

Parent/Guardian Signature _____

Date: _____