



HEC Hooves of Joy, Inc
Therapeutic Horsemanship Center
 65395 Highland Road Ashland WI, 54806
 PH: 715.208.0145 hechoovesofjoy@gmail.com



Client Registration Form

***Required information**

*Client Name: _____

*Phone: _____ Email: _____

*Street: _____ *City: _____ *Zip: _____

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

*Parent/Guardian: _____ Relationship: _____

*Phone: _____ Email: _____

Second Phone: _____ Email _____

*What phone number is best used in the event of lesson cancellation? _____

What email is best used in the event of lesson cancellation? _____

In case of an emergency, is there someone we should call? Yes No

Contact & Relationship _____ Phone _____

Is there any emergency information or procedures you would like us to follow in case of emergency? (Attach additional pages as needed.) _____

Please indicate which day(s) you are interested:

- Monday Tuesday
 Wednesday Thursday

Client is: **New to Hooves of Joy:** Please also complete the following required forms:

- Client Release Form
- Medical History & Physician Statement (MUST be signed)
- Assessment (your 1st session)

Returning: year last participated _____

If returning, has client had any changes in medical history or medications?

- No Yes

*If yes is indicated, please describe changes below and fill out new Medical History & Physician Statement. HEC Hooves of Joy reserves the right to request updated Medical History & Physician Release at any time.

HEC Hooves of Joy, Inc Policies



- Authorization plans for payment must be received prior to the session for which you are participating in.
- Rider/family is directly responsible for amounts not authorized or paid for by third party billing.
- Cancellations should be made 24 hours prior to your session. We will reschedule if time allows.
- Clients with inappropriate shoes (including crocs, sandals, open-toed or open heeled) and clothing, or clients arriving more than 10 minutes late for activities, will not be joining their class. Fees will not be refunded.
- Hooves of Joy weight limit is 250lbs without assistance mounting and riding. Those riders needing assistance mounting and riding have a weight limit of 185lbs.
- NO DOGS allowed on HEC Hooves of Joy grounds.

I have read, understand and agree to HEC Hooves of Joy lesson policies.

Client Print Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Client (over age 18), Parent or Guardian

HEC Hooves of Joy has many family members & riders involved behind the scenes (serving as board/committee members, volunteering with special events, fundraising or helping around the farm). Do you have any skills or interests you are willing to share?

*If your bill should be directed to another party, please list name & address here:

FOR OFFICE USE ONLY: (Date & Initial)	
Assess _____	Release _____
Update: _____	Pref: _____

Client Release Form



Client _____ Phone: _____ Email: _____
Address: _____ City: _____ Zip _____

Parents/Guardian(s): _____

Address (if different from client) _____

Parent/Guardian Contact (Phone & Email) _____

Liability Release (REQUIRED)

In return for being allowed to use the HEC HOOVES OF JOY, Inc. Therapeutic Horsemanship Program, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I/my son/my daughter/ my ward (Client's Name) _____ agree to abide by all the rules and regulations of HEC HOOVES OF JOY, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my/my son/my daughter/my ward's participation in activities of HEC HOOVES OF JOY Inc. I further agree to hold HEC HOOVES OF JOY, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and or equipment owned or leased to HEC HOOVES OF JOY, Inc., including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement, I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless HEC HOOVES OF JOY, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

Signature: _____ Date: _____

Client if over age 18, Parent or Guardian

Print Name: _____ Phone: _____



Photo Release (REQUIRED)

I Do **I Do Not** consent to and authorize the use and reproduction by HEC HOOVES OF JOY, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions: _____

Signature: _____ Date: _____

Client if over age 18, Parent or Guardian

Print Name _____ Phone: _____

New and Returning Clients

GOALS (What would you like to gain from this experience?)

New Clients Only

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL (Mobility skills such as transfers, walking, wheelchair use, etc.)

PSYCHOLOGICAL/SOCIAL (work/school, leisure interests, companion animals, fears/concerns)

OTHER INFORMATION YOU WOULD LIKE TO SHARE

Return to: HEC HOOVES OF JOY, INC.
Therapeutic Horsemanship Center
 65395 Highland Road Ashland WI, 54806
 PH:715.208.2145 hechoovesofjoy@gmail.com



Client Medical History & Physician's Statement

*REQUIRED

*Participant: _____ DOB: _____ *Height: _____ *Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

*Phone: _____ Email: _____

*Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____ For: _____

Seizure Type: _____ Controlled: Y N Date of last Seizure: _____

Mobility: Independent Ambulation Y/ N Assisted Ambulation Y N Wheelchair Y/ N

Braces/Assistive Devices: _____ Shunt Present: Y/ N Date of Last Revision: *those with*

Down syndrome: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.

- Auditory no yes _____
- Visual no yes _____
- Tactile Sensation no yes _____
- Speech no yes _____
- Cardiac no yes _____
- Circulatory no yes _____
- Integumentary/Skin no yes _____
- Immunity no yes _____
- Pulmonary no yes _____
- Neurologic no yes _____
- Muscular no yes _____
- Balance no yes _____
- Orthopedic no yes _____
- Allergies no yes _____
- Learning Disability no yes _____
- Cognitive no yes _____
- Emotional/Psychological no yes _____
- Pain no yes _____

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 the PATH Intl Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ License/UPIN Number: _____

Signature: _____ Date: _____