



HorsemanSHIP for Heroes
www.horsemanSHIP4heroes.org



Equine-Assisted Psychotherapy and Learning

Registration Packet

Mailing Address:

75 McCabe Drive # 18546

Reno, NV 89511

Phone: 775.462.8445

email:heroes@horsemanSHIP4heroes.org

Participant Name: _____

Referring agency: _____

Application Received: _____

TO BE
COMPLETED BY
PARTICIPANT



Required Information:

Participant Name: _____

Prefers to be called: _____ DOB: _____

Home Address: _____

City: _____, State: _____ Zip: _____

Participant's Email _____

Participant's Employer: _____

Home Phone: _____ Cell: _____

Are you currently serving or a veteran of the armed forces of the United States of America?

___ YES ___ NO Service: _____ Discharge Date: _____

Are you currently serving as or have served as an Emergency Responder (Fire, Police, ER, Nurse, etc.?)

___ YES ___ NO Agency: _____ Discharge Date: _____

Referring Agency: _____ Telephone: (____) ____ - _____

Case Worker: _____ Telephone: (____) ____ - _____ Email: _____

ATTENTION POST 9/11 VETERANS:

STEP 1: All participants who were in the service on or after September 11, 2001 **must** register with the Wounded Warrior Project (WWP) via the WWP Resource Center at 888-997-2586 or via website at <https://www.woundedwarriorproject.org/programs/wwp-registration>. We have been told that registering via phone is more effective than online.

STEP 2: After registration, the participant **must** request a referral from WWP to Horsemanship for Heroes in Reno, Nevada. Please make this request by contacting the WWP Resource Center at resourcecenter@woundedwarriorproject.org or 888-997-2586.

PLEASE SPECIFY THAT YOU WOULD LIKE TO PARTICIPATE IN THE HORSEMANSHIP FOR HEROES PROGRAM in Reno, Nevada.

STEP 3: The WWP Resource Center will pass the request along to the Triage Team, who will contact you directly to confirm program needs. Again, please specify that you would like to participate with Horsemanship for Heroes. Once approved, the referral will be sent to Horsemanship for Heroes.

Please note this process takes time, so please initiate this process ASAP! Ideally, you initiate this no later than 30 days prior to the first class. Please update us on your status as you progress through each step.



Goals and Objectives

Goals:

Therapeutic Goals (What are you working on in Physical/Occupational/Speech-Language Therapy or in Counseling?):

Leisure interests/hobbies:

Fears/Concerns:

Objectives:

Why are you applying for equine-assisted activities?

What do you hope to gain by participating in H4H this year?

Name (PRINT CLEARLY): _____

Signature: _____ Date: _____



Horsemanship for Heroes (H4H) Equine Assisted Services Standards and Guidelines – Clients/ Participants should keep this section

Dress Code:

1. **Footwear:** Hard soled shoes or boots with a low heel are preferred for therapeutic riding. Boots or footwear that will protect feet from cold; heat, water, and injury are needed for other equine assisted activities. Please ask your instructor if you are unsure if your footwear is appropriate.
2. **Long pants:** no shorts, skorts, culottes, capri pants or dresses/skirts. Riding breeches, form fitting jeans or tights are acceptable.
3. **Socks:** tube socks that will stay up under the knee are recommended for comfort and safety.
4. **Shirts:** should have at least a cap sleeve to protect shoulders, and kept tucked in or be form fitting.
5. Please dress appropriately for winter weather, in form fitting coats that do not hang below the hips or are loose so that they cannot get caught on a saddle horn when dismounting.
6. **Jewelry:** no jewelry that can get caught in manes or tails ('dangling' earrings, necklaces, rings/bracelets, etc.).
7. **Electronic equipment:** Cell phones or any other personal electronic devices are discouraged in the riding areas. Participants and observers, who must have cell phones with them, are required to silence ringers or sounds for any electronic equipment they have on their person.
8. **Helmets** are provided by H4H and must be worn at all times by clients when in the barn or arena when mounted on a horse.

_____ Participant Initials



Horsemanship for Heroes

BARN RULES & SAFETY

Attention! The following rules apply to everyone who visits, participates, volunteers, or works at the Horsemanship for Heroes (H4H) Equine Therapy Center. Please read and familiarize yourself with all rules and relay information to anyone who may come with you to the barn.

1. All participants must have an annually updated and fully completed application to participate.
2. No running, screaming, or boisterous behavior on the property.
3. Participants' pets are not allowed at H4H, other than service dogs (if service dogs are present, there must be someone to supervise the dog while the client is working around the horses).
4. Participants and Volunteers will park in the Center's driveway or on the street. Please park on the same side of the street as the property.
5. Please do not hand feed horses or reach through the bars of the stalls to pet them.
6. All equipment areas and off-limits areas are labeled or located on one of several maps located around H4H. Please do not visit the house or other off-limit areas at the facility.
7. Participants are not to open stall doors, handle horses or work with a volunteer unless the instructor is present.
8. Participants are under the direction of their instructor during the session. Any participant that willfully disobeys an instructor's direction may be asked to dismount or stop participating in the activity and wait outside the arena for the session to conclude. If you have suggestions for the Instructor, please wait until after the session – your input is very important to the instruction staff but may be distracting during the session.
9. H4H certified Volunteers are provided for session assistance.
10. Participants who arrive with medication to take or use (epi-pen, for example) must let the instructor know where it is upon arrival.
11. Participants who arrive at H4H under the influence of alcohol or illegal drugs or who bring weapons to H4H will be asked to leave immediately, and their association with H4H may be terminated.
12. Absolutely no smoking is authorized in the H4H Equine Therapy Center.
13. Participants and volunteers are only authorized to visit the center when scheduled. Please do not "drop-by" without prior coordination/approval.
14. No Guests are allowed on the property without prior coordination.

The first rule is to know the rules!

_____ Participant Initials



Agreement of Confidentiality:

As a participant at Horsemanship for Heroes (hereafter referred to as "H4H", I agree to hold in strict confidence those names, all medical, social, referral, personal, and financial information regarding clients, staff, volunteers or any and all clients at H4H Equine Assisted Services at any time and in any capacity. I agree to the above stipulations regarding confidentiality, and furthermore understand that violating this agreement in any way may result in the termination of my association with H4H, and possible legal action.

Participant Signature: _____ Date: _____

Photo Release:

Please check one and sign:

I Do: _____

I Do NOT: _____

Consent to and authorize the use and reproduction by H4H of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Participant Signature: _____ Date: _____

Acknowledgement:

I understand that to remain a client at H4H, I will be asked to follow the rules and guidelines of the organization. I have been given a copy of these rules and guidelines (including the Barn Rules).

I have read and understand the rules and guidelines and agree to abide by them.

Client Name (PRINT CLEARLY): _____

Participant Signature: _____ Date: _____



Authorization for Emergency Medical Treatment

Participant's Name: _____ DOB: _____

Physician's Name: _____ Physician's Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications (including over-the-counter medications): _____

Emergency Contact: _____

Relationship to Client: _____ Phone: _____

Emergency Contact: _____

Relationship to Client: _____ Phone: _____

In the event that emergency medical aid/treatment is required due to injury or illness during the process of receiving services, or while being on the property of H4H, I authorize H4H Equine Assisted Services staff 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 treatment

Please select only one of the following plans:

_____ **Consent Plan:**

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed 'life saving' by the physician. This provision will be invoked only if the person(s) above is unable to be contacted.

Date: ___ / ___ / ___

Consent Signature: _____

Witness: _____ Date: ___ / ___ / ___

OR

_____ **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 H4H Equine Assisted Services. In the event that emergency treatment/aid is required, I wish the following procedure to take place:

Consent Signature: _____

Witness: _____ Date: ___ / ___ / ___



Horsemanship for Heroes (H4H) General Liability Release

The undersigned is aware that all activities involving horses including but not limited to riding, driving, grooming, leading, or events involving horses pose many inherent dangers, risks, and hazards including but not limited to bodily injury and physical harm to the participant, groomer, leader, handler, side walker, photographer, spectator and/or helper. I (the undersigned) freely and fully assume all such risks, dangers, and hazards and the possibility of injury, death, property damage, or loss resulting from such risks, dangers, and hazards.

I hereby agree as follows (please initial each line):

_____ 1) To assume and accept all risks, dangers, and hazards in connection with my use of the facilities at H4H or any off-site activities sponsored by H4H.

_____ 2) To waive any and all claims that I may have against H4H and the property owners as a result of my use of the facility or participation in any off-site activity sponsored by H4H.

_____ 3) To release H4H, its employees, board of director members, volunteers, spectators, clients, property owners and all people involved with H4H from any and all liability, rights of action, or causes of action arising out of contract, tort or otherwise for any loss, damage, injury or expense that I may suffer or incur as a result of use of the facilities or participation in off-site activities sponsored by H4H due to any cause whatsoever.

_____ 4) The undersigned agrees to hold harmless and indemnify H4H, and any employees, volunteers, board of director members, spectators, clients, and or property owners from any and all liability for personal injury, property damage, or death suffered by myself or by a third party as a result of the use of and/or presence at the facility or off-site activities sponsored by H4H.

_____ 5) That, in the event of my injury or death, this release and indemnity agreement shall be effective and binding upon mine, next of kin, executors, administrators, and assigns in relation to H4H, its property owners, and any and all people involved.

Participant:

I acknowledge that I have read and understood this release and indemnity. I am at least 18 years of age and am aware that by signing this document, I am affecting my legal rights and liabilities of myself, my heirs, next of kin, executors, administrators, and assigns in relation to H4H, its property owners, and any and all people involved.

Name (PRINT CLEARLY): _____ Date: __/__/__

Signature: _____

Witness: _____



HIPAA Notice of Privacy Practices Statement

Notice of Information Practices and Privacy Statement for Horsemanship for Heroes (H4) Equine Assisted Services

How We Collect Information About You: H4H Equine Assisted Services and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do with Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, **is held in strictest confidence**. All sensitive information is kept in a locked filing cabinet until destroyed.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between H4H and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance,

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of H4H. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Name (PRINT CLEARLY): _____

Signature: _____ Date: ____ / ____ / ____



Participant Medical History

Please check any of the following that apply:

<input type="checkbox"/> Lack of Concentration	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mentally Challenged
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Self-Injurious Behavior	<input type="checkbox"/> Tics/stereotypic Behavior	<input type="checkbox"/> Sensitivity, preferences
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Phobias	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Assaultive
<input type="checkbox"/> Sensory issues	<input type="checkbox"/> Unpredictable/Dangerous	<input type="checkbox"/> Psychosomatic Symptoms	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> History of Physical abuse	<input type="checkbox"/> History of emotional abuse	<input type="checkbox"/> Other (please explain on back of page)

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

Special Needs:	Yes	No	Describe:
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Digestion			
Elimination			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Behavioral			
Pain			
Other			

Describe mobility; i.e. independent ambulation, assisted ambulation, wheelchair, braces, etc.

To the best of my knowledge, the medical history is true and accurate:

Participant's Signature: _____ Date: ____ / ____ / ____

TO BE
COMPLETED BY
PARTICIPANT'S
REFERRAL
AGENCY



Equine Facilitated Psychotherapy Referral Form

Client Name: _____ DOB: _____ AGE: _____

Address: _____ Phone: _____

Diagnosis: _____

Recommended Frequency and Duration of Sessions: _____

Type of Format: _____ Group Work _____ Individual Work _____ Family Work

Specific Issues to Address:

Current Treatment Goals:

Additional Information:

Health Care Professional (Typed Name and Signature)

Date

State Credentials/License #

Phone & Fax Numbers

Address

Return to:

Horsemanship for Heroes

75 McCabe Dr #18546

Reno, NV 89511

(775) 462-8445

Thanks You for Your Participation and Referral

TO BE
COMPLETED BY
PARTICIPANT'S
PHYSICIAN



Participant's Medical History and Physician's Statement

January 1, 2023

Dear Health Care Provider.

Your patient, _____, is interested in participating in supervised equine assisted activities at Horsemanship for Heroes (H4H) Equine Assisted Services. In order to safely provide this service, we request that you complete/update the attached Medical History and Physician's Statement Forms. Please note that the following conditions may suggest precautions and contraindications to participating. Therefore, when completing these forms, please note whether these conditions are present, and to what degree:

Client Name: _____

DOB: _____ **Height:** _____ ft _____ in. **Weight:** _____ lbs.

Diagnosis:

- 1. _____
Date of onset: _____
- 2. _____
Date of onset: _____ (If more room is needed, please use a separate page)

Past/prospective surgeries:

- 1. _____
Date: _____
- 2. _____
Date: _____ (If more room is needed, please use a separate page)

Medications:

Possible Medication Side Effects:

Seizure Type: _____ Controlled? Y ___ N ___

Date of last Seizure: _____

Shunt: Y ___ N ___ Date of last revision: _____

Indwelling Catheter/Medical Equipment: Y ___ N ___

Describe: _____

Braces/Assistive Devices: Y ___ N ___

Describe: _____

May they be used while participating in Therapeutic Riding and Equine Assisted Activities?

Y ___ N ___



Physician's Signature & Statement

PARTICIPANT'S NAME: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities and therapeutic riding. I understand that H4H Equine Assisted Services is a PATH International Center and will weigh the information given against existing precautions and contraindications as noted by PATH International. Therefore, I refer this person to H4H Equine Assisted Services for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA

Other: _____

Signature: _____

Name (print): _____ Date: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

License/ UPIN Number: _____