



# Pegasus Springs Therapeutic Riding Center Participant Application & Health History

## GENERAL INFORMATION

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Gender(check one): \_\_\_\_\_ Male \_\_\_\_\_ Female    Height \_\_\_\_\_ ft \_\_\_\_\_ in    Weight \_\_\_\_\_ lbs

*170-pound weight limit variable dependent upon ambulatory status, ROM, and discretion of instructor*

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (H, W, C)

How did you hear about us? \_\_\_\_\_





# Pegasus Springs Therapeutic Riding Center

## Participant Application & Health History

### HEALTH HISTORY

(attach additional sheet if necessary)

Diagnosis/Disability:

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Other therapies currently received:

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Current  
medications: \_\_\_\_\_

Psycho-social function (interests, family structure, support system, etc):

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Please mark any of the following that have been a recent or past issue, and provide specific comments where applicable. These items will not be used to prevent anyone from participating; rather, they are to assist us in best meeting your needs:

\_\_\_\_\_ Mental Health Therapy

\_\_\_\_\_ Legal Problems

\_\_\_\_\_ Grief/Loss

\_\_\_\_\_ Trauma

\_\_\_\_\_ Special Assistance at School

\_\_\_\_\_ Substance Abuse

\_\_\_\_\_ Family Problems

Special assistance required: (PSTRC currently cannot provide these, but it helps us to plan classes/lessons)

\_\_\_\_\_ Sign Interpretation

\_\_\_\_\_ Service Dog Assistance

\_\_\_\_\_ Wheelchair Assist/Transfer

\_\_\_\_\_ Visual Assistance/Aids

\_\_\_\_\_ Emotional/mental helper





# Pegasus Springs Therapeutic Riding Center

## Participant Application & Health History

Has the student had prior experience with therapeutic riding? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, when and where? \_\_\_\_\_

DOES THE STUDENT?	YES	NO	COMMENTS
Have a history of seizures?			
Follow simple directions?			
Have speech or language difficulties?			
Have communication difficulties?			
Have a fear of animals/horses?			
Walk independently?			
Have a limited range of motion?			
Have decreased strength/endurance?			
Have poor balance (sitting/standing)?			
Have problems with gross motor skills?			
Have altered sensation? (please specify)			
Have heart/circulation problems?			
Have digestion/elimination problems?			
Have bone/joint problems?			
Have allergies/breathing problems?			





# Pegasus Springs Therapeutic Riding Center Participant Application & Health History

## GOALS

What would you like to accomplish in our program?

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ADDITIONAL COMMENTS( Please provide any additional information that you feel would be helpful in class selection and lesson planning for this participant)

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**Please call Pegasus Springs Therapeutic Riding Center at 989-820-1787 with any questions.**

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed forms to:  
Barb Clare, Pegasus Springs Therapeutic Riding Center  
4800 Old State Road, National City, MI 48748**

