



GaitWay Therapeutic Horsemanship

At Farr Park's Horse Activity Center

6555 Pikes Lane, Baton Rouge, LA 70808, (225) 766-1614, www.GaitWay.org

RIDER APPLICATION & HEALTH HISTORY

Rider Information

Name _____ Nickname _____ Birth date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Indicate with an * which is the preferred number to call. Email Address _____

School/ Employer & Address _____

Parent/ Legal Guardian (if rider is under 18 years old)

Parent(s)/ Legal Guardian _____ Address _____

Work Place _____ Work Phone _____ Cell Phone _____

In Case of an Emergency, notify _____ Relationship _____

Address _____

Care giver (if applicable) _____ Contact Phone Number _____

Rider Profile

Diagnosis _____ Height _____ Weight _____ Gender: M F

Employer _____ Work Phone _____

Physician _____ Phone _____

Preferred medical facility _____ Phone number _____

Rider is: ___ Ambulatory ___ Non-ambulatory ___ Verbal ___ Non-verbal

Rider uses: ___ Wheelchair ___ Crutches ___ Walker ___ Braces ___ Cane ___ Other (Explain) _____

Is rider able to sit independently? ___ Yes ___ No

Has rider previously ridden at a Therapeutic riding center? ___ Yes ___ No

Number of Sessions _____ Date of Last Session _____ Other Comments _____

How did you learn about GaitWay Therapeutic Horsemanship? _____

Do you have any conditions, which might be affected by the weather (heat, cold), the environment (insect allergies, asthma, dirt), or animal (allergies)? _____

***Describe your abilities/difficulties in the following areas (include special assistance and/or equipment required)

FUNCTION (for example, mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

SOCIAL (for example, work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fear/concerns, etc) _____

GOALS (for example, Why are applying for participation? What would you like to accomplish through therapeutic riding?) _____

Signature – Adult Rider, or Parent/ Legal Guardian of Minor Rider

Date

PLEASE RETURN COMPLETED FORM TO:

**GaitWay Therapeutic Horsemanship
6555 Pikes Lane, Baton Rouge, LA 70808
225-766-1614**

FOR OFFICE USE ONLY

Date Application Received _____ Date Rider Began Riding _____