**BRIGHT STAR RANCH, INC**

**Therapeutic Riding Program**

1416 Rowland Road

Monroe, LA 71203

318-512-4979

Dear Prospective Riders,

To enroll at Bright Star Ranch, please take the following steps before your scheduled evaluation meeting:

• Carefully read the attached information. **(Pages 1-4)**

• Complete the attached Rider Registration Form, Rider Application, Release and Consent Forms. **(Pages 5-10)**

• Have your physician complete and return the Physician Assessment and Health History Form prior to your evaluation. **(Pages 11-14)**

• Once you have submitted the forms, we will schedule an evaluation. The evaluation will take 30 minutes and will be conducted in the office to go over all guidelines and rules for the programming. **(This time will be spent to better prepare us for working with you/your child. We will not be spending time with the horses during the evaluation.) All paperwork will need to be completed and brought with you or delivered to Bright Star Ranch’s office PRIOR to the evaluation.** (Fax – 866-914-1880)

Please do not hesitate to call if you have any questions or need clarification. 318-512-4979.

We look forward to having you as part of our Bright Star Ranch family!

**Therapeutic Riding (TR)**

TR lessons are equestrian skill-based lessons for people with disabilities. The focus of the lessons are skill development and progression while improving the rider’s physical, cognitive, emotional and/or social skills. Classes are taught by a PATH (Professional Association of Therapeutic Horsemanship) International Certified Instructor or CHA (Certified Horsemanship Association) Certified Instructor and assisted by trained volunteers. Often riders participate in pre-mounted and post–mounted horse care that is equally as beneficial as riding itself. Riders that have physical, intellectual, cognitive, developmental, and/or social differences can all benefit from TR.

**ELIGIBILITY GUIDELINES**

**Minimum Age**

Therapeutic Riding: 4 years old if they exhibit significant developmental/physical delays. Otherwise, riders should be at least 6 years old (Riders with ADHD/ADD must be at least 6 years old.)

**Maximum Age**

There is no maximum age limit.

**Weight Maximums**

Due to the recommendations from our veterinarian, we have the following weight restrictions for our riders:

Under 5’ tall: 150 lbs. maximum

5’0” – 5’6” 180 lbs. maximum

5’7” – 6’0” 210 lbs. maximum

6’1” – 6’5” 250 lbs. maximum

**Postural Control**

• Riders over 80 lbs. must be able to maintain a sitting position; at least by holding on with one hand.

• Riders must have adequate head and neck strength to prevent hyperextension.

**New Rider Assessments:**

All riders new to Bright Star Ranch must have an evaluation before being scheduled in a lesson spot. Once your application process has begun, you will be called to schedule an evaluation.

**Special Circumstances:**

All individuals with Down Syndrome must have an Atlantoaxial Instability test done yearly by their physician to be cleared for riding.

**FEES AND SCHEDULING**

Therapeutic Riding Lessons - 30 minutes $35 each (The payment plan is as follows):

*Ten 30 minute lessons (1 class weekly) $350*

*Class fees are due (half or in full) 2 weeks before the first class with the remainder (if paying half) due before the halfway point of the semester.*

**PAYMENT METHODS**

Venmo: @bright-star-ranch

Paypal: paypal.me/brightstarranch

Website: [www.brightstarranch.net/donate](http://www.brightstarranch.net/donate) (Make note in comments with Rider’s name)

Check/Cash: Made payable to Bright Star Ranch and turned it at evaluation appointment

***\*\**For individuals not meeting certain eligibility requirements, we have an alternative that can be very helpful and work on the rider’s goals until eligibility can be met. ASK ABOUT OUR EQUICIZER\*\***

**SCHEDULE AND CANCELLATION POLICY**

**Scheduling**

Students will be scheduled as appropriate lesson spots become available. Students will be scheduled on a first come, first serve basis. If we are unable to schedule your rider, he/she will be put on a waiting list. As a suitable spot opens up, you will be contacted. Schedule days/times will be confirmed at the end of each semester for the following semester. Time slots will remain the same unless another client drops their time and it becomes available.

**Schedule and Holidays**

You will be given a schedule at the evaluation and at the beginning of each semester outlining the semester dates and holiday breaks.

**Absences**

Riders are required to give 24 hours notice when they will not be attending class. We realize emergencies can happen. We are here at least an hour ahead preparing for the lessons and have lined up volunteers. If you know that you will not be attending class, we need to know in order to cancel the volunteers accordingly.

If you or a family member has been sick or exposed to an illness, please do not attend your lesson. We have other participants as well as staff with compromised immune systems and try to keep everyone as healthy as possible.

Riders with 3 no call/no show absences will be reviewed and may lose their spot.

**ONE class can be made up during make up week only for each semester. These times will be at your regularly scheduled day/time unless otherwise arranged. Other missed classes are forfeited. You are paying to hold the specific lesson time each week and we are, therefore, forfeiting other participants to fulfill the goals/objectives for you/your child.**

**ATTIRE AND EQUIPMENT**

The best clothes for riding are long pants and hard soled boots with a low heel. **Shoes must be closed toed. Crocs are NOT considered closed toed shoes.** Dress for comfort and according to the weather. Undergarments that provide adequate support and comfort are necessary. Wear close-fitting clothing for safety. **Loose or baggy clothing can get caught and tangled in equipment.** No dangling jewelry is permitted.

**All riders are required to wear an ASTM/SEI approved Equestrian Helmet.** If you do not have your own helmet, Bright Star Ranch will provide you with one. RIDERS ARE ENCOURAGED to purchase their own helmet to ensure the proper fit.

**If proper attire is not worn, activities with the horses will be adjusted accordingly. Without proper shoes, interactive horse activities will not be allowed.**

|  |  |
| --- | --- |
| Tractor Supply | State Line Tack |
| 201 Mane Street | [www.StateLineTack.com](http://www.StateLineTack.com) |
| West Monroe, LA 71292 | |

**POSSIBLE REASONS FOR CLIENT DISCHARGE**

Please be advised of the following reasons that may lead to discharge from the program. This in not inclusive of all reasons.

• The rider’s inability to maintain head and neck control while riding presenting a safety concern

• The rider’s inability to maintain sitting balance while riding presenting a safety concern

• The rider exceeds a weight that can be safely managed by staff, volunteers, and/or horses

• Uncontrolled and/or inappropriate behavior that constitutes a safety risk to rider, volunteers, staff and/or horse

• Any change in the riders medical, physical, cognitive, or emotional condition that makes therapeutic riding unsafe for the rider staff, volunteers and/or horse

• Three scheduled classes are missed without prior cancelation

• Nonpayment of fees

**PRECAUTIONS & CONTRAINDICATIONS**

The following conditions, if present may represent precautions or contraindications to therapeutic riding. Please review this information, and if present, contact Bright Star Ranch for more information.

**Orthopedic Neurologic**

Atlantoaxial Instability Pathologic Fractured

Coxa Arthrosis Spinal Fusion/Fixation

Cranial Defects Spinal Instability/Abnormalities

Osteoporosis Seizure Disorder

Heterotopic Ossification/Myositis Spina Bifida/Chiari II Malformation

Joint Subluxation/dislocations Tethered Cord/Hydromyelia

Hydrocephalus/Shunt

**Medical/Psychological**

PVD **Other**

Respiratory Compromise Indwelling Catheters

Recent Surgeries Skin Breakdown

Substance Abuse Weight exceeds 240 pounds

Heart Conditions

Exacerbation of medical conditions **Psychological**

Physical/Sexual/Emotional Abuse Thought Control Disorders

Hemophilia Animal Abuse

Medical Instability Dangerous to self or others

Fire Setting

**RIDER REGISTRATION FORM**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M / F Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_

Employer or School Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, please complete the following:

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability: Please check **all** time blocks that apply. **Lessons are scheduled at various times within a time block.** As soon as the schedule has been completed, you will be sent a confirmation of your lesson time.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **9:00-11:00 am** | **1:00-3:00 pm** | **3:00-5:30 pm** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

**I have read and agree to the regulations and guidelines for participating in Bright Star Ranch’s Therapeutic Riding program.**

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If volunteer/participant is under 18 years of age, **both** signatures are required.)

**Does the participant… YES NO**

Have speech or language difficulties? \_\_\_\_ \_\_\_\_

Communicate verbally? \_\_\_\_ \_\_\_\_

Have a history of seizures? \_\_\_\_ \_\_\_\_

Have communication difficulties? \_\_\_\_ \_\_\_\_

Have a fear of animals/horses? \_\_\_\_ \_\_\_\_

Walk independently? \_\_\_\_ \_\_\_\_

Have a limited range of motion? \_\_\_\_ \_\_\_\_

Have a decreased strength/endurance? \_\_\_\_ \_\_\_\_

Have poor balance sitting? \_\_\_\_ \_\_\_\_

Have poor balance standing? \_\_\_\_ \_\_\_\_

Have problems with gross motor skills? \_\_\_\_ \_\_\_\_

Have altered sensations? \_\_\_\_ \_\_\_\_

Have heart/circulation problems? \_\_\_\_ \_\_\_\_

Have digestion/elimination problems? \_\_\_\_ \_\_\_\_

Have bone/joint problems? \_\_\_\_ \_\_\_\_

Have emotional/behavioral problems? \_\_\_\_ \_\_\_\_

Have a history of harming animals? \_\_\_\_ \_\_\_\_

Have any permanent medical devices? \_\_\_\_ \_\_\_\_ If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulatory? \_\_\_\_ \_\_\_\_

Crutches \_\_\_\_ Cane \_\_\_\_ Braces/AFO \_\_\_\_ Walker \_\_\_\_ Wheelchair \_\_\_\_

Previous Riding Experience? \_\_\_\_ \_\_\_\_ If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_

Name of stables: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Style of riding: English \_\_\_\_ Western \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

**\_\_\_\_\_\_\_\_\_\_\_\_I consent** to and authorize **\_\_\_\_\_\_\_\_\_\_\_\_** I **do not** consent to nor do I authorize

the use and reproduction by Bright Star Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

I also give consent for my photo to be published on Bright Star Ranch Facebook page or other digital/social media.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If volunteer/participant is under 18 years of age, **both** signatures are required.)

**Confidentiality Policy**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Bright Star Ranch Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If volunteer/participant is under 18 years of age, **both** signatures are required.)

**Liability Release**

I hereby acknowledge that I am choosing to participate in the Therapeutic Riding program of Bright Star Ranch. I acknowledge the risks, but feel the benefits are greater than the risks. I hereby waive and release for myself, my heirs, executors, administrators, and assigns Bright Star Ranch, Inc., all of its personnel, its officers, directors, members, mentors, and volunteers and all other persons regardless of their capacity who are in any way connected with the horseback riding and related activities, and their representatives, heirs, executors, administrators, successors, and assigns, from any and all rights, claims, loss, or liabilities of any kind or nature, including costs and attorneys’ fees, that I might have in connection therewith, to the maximum extend allowed pursuant to the laws of Louisiana, including, but not limited to, LA. R. S. 9:2795.1. Furthermore, I hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of riding caused by my own acts or anyone or any animal within my control.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If volunteer/participant is under 18 years of age, **both** signatures are required.)

**EMERGENCY CONTACT INFORMATION**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency contact:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tetanus Shot: Y \_\_\_\_\_\_ N \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antidote needed: Y \_\_\_\_\_ N \_\_\_\_\_\_ Antidote carried: Y \_\_\_\_\_ N \_\_\_\_\_

Protocol for Emergency Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe any medical condition requiring special precautions or treatment including HIV:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GETTING TO KNOW YOU**

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little bit about the riders they will be working with.

My Full Name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Call Me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Birthdate is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Interests or hobbies are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite song, movie and shows are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please supply any details that might be helpful to the volunteers to assist you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What teaching methods do you respond best to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability or challenges: (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please share details of the rider’s interests, school behavior, family, etc., that will help us in selecting appropriate lessons. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IT TAKES A VILLAGE (or a BARNFULL!!)**

You may have heard the statement “it takes a village to raise a child.” In Bright Star Ranch’s case, it takes a barnful of people with different skills, talents and contact to ensure that we can continue to provide the quality services our riders deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to give back and be involved in Bright Star Ranch. Thank you!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Skills: Please check all that you would like to share with Bright Star Ranch.

\_\_\_ Carpentry \_\_\_ Computer Technology \_\_\_ Data Entry \_\_\_\_ Electrical

\_\_\_ Finance \_\_\_ General Office \_\_\_ Graphic Design \_\_\_\_ Marketing

Affiliations

Corporate/Business Affiliations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civic & Professional Organizations Affiliations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraisers

Bright Star Ranch relies on the help of volunteers to assist with our major fundraisers.

Check below to be contacted about helping with specific fundraisers:

\_\_\_\_\_ Barn Dance \_\_\_\_\_ Vendor Market \_\_\_\_\_ Literacy Field Day/Books in the Barn

\_\_\_\_\_ Kids Christmas \_\_\_\_\_ Away in a Manger \_\_\_\_\_ Other Fundraisers when needed

**BRIGHT STAR RANCH, INC**

**Therapeutic Riding Center**

1416 Rowland Road

Monroe, LA 71203

318-512-4979

**PHYSICIAN ASSESSMENT & HEALTH HISTORY**

**To be completed by the Physician**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past/Prospective Surgeries (Include dates and reasons) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications & Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seizures: No\_\_\_\_\_ Yes \_\_\_\_\_ Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Seizure \_\_\_\_\_\_\_\_\_\_\_\_

**For those with Down Syndrome:**

**An annual complete neurologic exam to exclude Atlantoaxial instability is required for clients**

**with Down syndrome over the age of 3.**

Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The participant needs to have annual certification from a physician/qualified medical professional that the participants’ physical examination reveals no signs of AAI or decrease in neurologic function in order to participate in any mounted activities.

**PHYSICIAN ASSESSMENT & HEALTH HISTORY**

**To be completed by the Physician**

In order to safely provide this service, Bright Star Ranch requests that you please note that the following conditions may suggest precautions and contraindications to equestrian activities. Therefore, when completing this form, please indicate whether these conditions are present, and to what degree.

**Orthopedic Medical/Psychological**

Atlantoaxial Instability – include Allergies

Neurological symptoms Animal Abuse

Coxa Cardiac Condition

Arthrosis Physical/Sexual/Emotional Abuse

Cranial Deficits Blood Pressure Control

Heterotopic Ossification/Myositis Danger to self/others

Ossificans Joint Subluxation/Dislocation Exacerbations of medical conditions (i.e.

Osteoporosis RA, MS)

Pathologic Fractures Fire Setting Behaviors

Spinal Joint Instability/Abnormalities Hemophilia

Medical Instability

**Neurological** Migraines

Hydrocephalus/Shunt PVD

Seizures Respiratory Compromise

Spina Bifida/Chiari II Malformation Recent Surgeries

Tethered Cord/Hydromyelia Substance Abuse

**Atlantoaxial Instability (AAI) (see next** Thought Control Disorders

**Form)** Weight Control Disorders

**Other**

Indwelling Catheters/Medical Equipment

Medication precautions – i.e. photosensitivity

Poor Endurance

Skin Breakdown

**PHYSICIAN ASSESSMENT & HEALTH HISTORY**

**To be completed by the Physician**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA** | **NO** | **YES** | **DEGREE/COMMENT** |
| Auditory |  |  |  |
| Visual |  |  |  |
| Speech |  |  |  |
| Tactile/Sensory |  |  |  |
| Cardiac |  |  |  |
| Circulatory |  |  |  |
| Pulmonary |  |  |  |
| Integumentary/Skin |  |  |  |
| Immunity/HIV |  |  |  |
| Neurologic |  |  |  |
| Muscular |  |  |  |
| Orthopedic |  |  |  |
| Bowel/Bladder |  |  |  |
| Learning Disabilities |  |  |  |
| Cognitive |  |  |  |
| Emotional/Psychological |  |  |  |
| Behavior |  |  |  |
| Other |  |  |  |

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that Bright Star Ranch Therapeutic Riding Center will weigh the medical information indicated above against any existing precautions and/or contraindications before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to Bright Star Ranch for evaluation to determine eligibility for participation with ongoing treatment as described in Therapy Evaluation.

Date of Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD, DO, NP, PA Other \_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval for Therapeutic Riding

**To be completed by the Physician**

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval to evaluate and participate in Therapeutic Riding.

Recommended frequency: 1x per week.

Precautions/Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print or stamp:

Physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information, please contact our office:

Bright Star Ranch, LLC

1416 Rowland Road

Monroe, LA 71203

318-512-4979