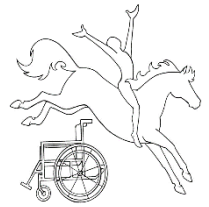


Ride On



Therapeutic Horsemanship

10860 Topanga Canyon Blvd., Chatsworth, CA, 91311 Tel No: (818) 700-2971 Fax No: (805) 309-5234
401 Ronel Court, Newbury Park, CA. 91320 Tel No: (805)375-9078 Fax No: (805) 309-5234

Rider's Medical History

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-Mail Address _____

Name of Parent/Guardian: _____

Tetanus Shot: Yes: _____ No: _____ Date: _____ Height: _____ Weight _____

Medications: _____

Please indicate if Patient has a problem and/or surgeries in any of the areas by checking yes or no.

If yes, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

To my knowledge there is no reason why I cannot participate in supervised equestrian activities. However, I understand that Ride On Therapeutic Horsemanship will weigh the medical information above against the existing precautions and contradictions.

Name (please print) _____

Signature _____ Date _____

Parent / Legal Guardian Full Name: _____

Signature: _____ Date: _____

