



Hope Reins in Texas

1723 Willow Springs, Bulverde, TX 78163

Office: 830-438-8707 Fax: 512-558-4596

Email: hopereinsintexas@reagan.com

Website: hopereinsintexas.org

Physician's Release Statement for Adaptive Riding

Patient's name: _____ DOB: _____

I understand that the above patient would like to participate in equine assisted activities and therapies that involve being around and riding horses. To my knowledge the patient's physical condition does not include any contraindications to participating in equine assisted activities or therapies with the appropriate supervision and instruction of a licensed therapist or a Professional Association for Therapeutic Horsemanship (PATH) or American Hippotherapy Association (AHA) certified instructor. I am aware that the therapeutic riding center will weigh the patient's medical history against any precautions or contraindications.

Precautions or concerns (if any): _____

Physician's signature for release: _____ Date: _____

Physician's printed name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



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Medical History:

Diagnosis: _____

Current medications: _____

Surgical history (including dates): _____

Type of seizures (if any): _____

Date of last seizure: _____

_____ For patients with Down Syndrome, Atlantoaxial stability has been confirmed by x-ray with
 (Please initial) negative clinical symptoms.

Please indicate if patient has problems or surgeries in any of the following areas by checking yes and 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			