

HORSES *for* HOPE

Therapeutic Riding Family Intake Form

Full name of participant Nickname Date

Mother's Name and Contact # Father's Name and Contact #

Name of Person Transporting to/from HfH Therapy Relationship Contact #

Name of Volunteer for participant Relationship Contact #

Please tell us about the participant's needs including any anticipated needs while at the HfH barn.

Are there any special ways we should communicate to the participant? Please explain.

Does the participant have any triggers that create fear or anxiety? Please explain.

Does the participant have any fears and/or expectations of this experience? Do you? Please explain.

What do you hope that your participant will gain during this 10 week therapeutic riding session?

Is there anything that we can do to make the participant and/or family more comfortable?

Have you had any experience(s) with Therapeutic Riding in the past? If so, when/where?

Would you or anyone in your family or circle of friends be willing to volunteer with Horses for Hope? If so, please provide their contact information.

To keep this service free of charge for our families we rely on volunteers and donations to operate our therapeutic riding program. There are many fundraising opportunities throughout the year to help with our day-to-day costs. We also are in the process of purchasing a larger facility so that we may accommodate year-round therapeutic riding sessions and to serve more of the many families on our waiting list. We need every family's participation to help us reach our goal of 5 million dollars. We have a multitude of volunteer opportunities - please contact volunteer@horsesforhope.org for more information or to get started with volunteering. We encourage you to submit any fundraising ideas to fundraising@horsesforhope.org.