



# Hoof and Paw Therapeutic Riding And Activity Center, Inc

718 Hicks Road  
Lexington, NC 27295  
336-764-9026

## Rider's Medical History and Physician's Statements

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_

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

\*\*\*\*For persons with Down Syndrome:

Cervical X-ray for Atlantoaxial Instability: Positive: \_\_\_\_\_ Negative: \_\_\_\_\_ X-ray Date: \_\_\_\_\_

Tetanus Shot  Yes  No Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

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

Please indicate if patient has a problem and/or surgeries in any of the following 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			

Mobility: Independent Ambulation  Yes  No Crutches  Yes  No  
 Braces  Yes  No Wheelchair  Yes  No

Please see other side →

Please indicate any special precautions: \_\_\_\_\_

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that Hoof & Paw Therapeutic Riding and Activity Center will weigh the medical information above against the existing precautions and contraindication. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equestrian program.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Information for Physician

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

#### Orthopedic

Spinal Fusion  
Spinal Instabilities/abnormalities  
Atlantoaxial Instabilities  
Scoliosis  
Kyphosis  
Lordosis  
Hip Subluxation and Dislocation  
Osteoporosis  
Pathologic Fractures  
Coxs Artrosis  
Heterotopic Ossification  
Osteogenesis Imperfecta  
Cranial Deficits  
Spinal Orthoses  
Internal Spinal Stabilization Devices

#### Neurologic

Hydrocephalus/shunt  
Spina Bifida  
Tethered Cord  
Chiari II Malformation  
Hydromyelia  
Paralysis due to Spinal Cord Injury  
Seizure Disorders

#### Medical/Surgical

Allergies  
Cancer  
Poor Endurance  
Recent Surgery  
Diabetes  
Peripheral Vascular Disease  
Varicose Veins  
Hemophilia  
Hypertension  
Serious Heart Condition  
Stroke (Cerebrovascular Accident)

#### Secondary Concerns

Behavior problems Age under Two  
years Age Two- Four years  
Acute exacerbation of chronic disorder  
Indwelling cathete

**PHOTO RELEASE:**

\_\_\_\_\_ I consent to and authorize

\_\_\_\_\_ I do not consent to nor do I authorize

The use and reproduction by Hoof & Paw T.R.A.C. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. No compensation will be provided for use with consent.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent or Guardian if participant is under 18 years of age)

**LIABILITY RELEASE:**

I acknowledge the risks and potential for risks of horseback riding and working with horses. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hoof and Paw T.R.A.C., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, Employees, or horse owners for any and all injuries and/or losses I may sustain while participating as an Hoof and Paw T.R.A.C. volunteer.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent or Guardian if participant is under 18 years of age)

**Warning**

**Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.**

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