

Hope Ranch, Inc.

Hope Ranch Therapeutic Riding Centers

3715 W. 69th Ave Manhattan, KS 66503 785.587.8180

7250 SW Douglas Rd Topeka, KS 66610 785.256.6357

A Non-Profit Corporation (501c3) Tax ID #: 20-4837483

Dear Health Care Provider:

Your patient, _____, is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Physician's Statement and Seizure Disorder forms. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

- ☐ Atlantoaxial Instability ☐ Coxa Arthrosis ☐ Cranial Deficits
- ☐ Heterotopic Ossification/Myositis Ossificans ☐ Joint Subluxation/dislocation ☐ Osteoporosis
- ☐ Pathologic Fractures ☐ Spinal Joint Fusion/Fixation ☐ Spinal Joint Instability/Abnormalities

Neurologic

- ☐ Hydrocephalus/Shunt ☐ Seizure ☐ Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Medical/Psychological

- ☐ Allergies ☐ Animal Abuse ☐ Cardiac Condition ☐ Physical/Sexual/Emotional Abuse
- ☐ Blood Pressure Control ☐ Dangerous to self or others
- ☐ Exacerbations of medical conditions (i.e. RA, MS) ☐ Fire Setting ☐ Hemophilia
- ☐ Medical Instability ☐ Migraines ☐ PVD ☐ Respiratory Compromise ☐ Recent Surgeries
- ☐ Substance Abuse ☐ Thought Control Disorder ☐ Weight Control

Other

- ☐ Age - Under 2 years of age ☐ Indwelling Catheters/Medical Equipment
- ☐ Medications- i.e. photosensitivity ☐ Poor Endurance ☐ Skin Breakdown

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact the center at the phone/address indicated above.

Sincerely,

Ken Scroggs, Director of Operations - Therapeutic Riding

kenscroggs@hoperanchks.org

Physician's Signature

Date

Director of Operations Signature

Date