

**HOOFPRIENTS PARTICIPANT APPLICATION**

Equine Assisted Activities can be physical and are out of doors. Please give detailed information when necessary.

Return Application to: KCorbett@HoofPrintsOhio.org

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Assigned Gender  F  M Preferred Pronoun:

Participant is a  minor or  adult.

Parent/Guardian Name \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Is Participant in School?  Yes  No Home Schooled?  Yes  No Grade Level \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

For Grant Purposes. Race: \_\_\_\_\_ Military Status: \_\_\_\_\_

**HEALTH HISTORY**

Current Therapies \_\_\_\_\_

Ambulation: \_\_\_\_\_

**MARK ALL THAT APPLIES/DESCRIBE**

Aggressive Behaviors		Allergies	
Animal Abuse		Asthma	
Bites		Difficulty Standing for long periods of time	
Fire Starter			
Hits		Difficulty Sitting for long periods of time	
Grabs/Pinches			
Screams		Hearing Device	
Service Dog		Seizure Disorder	

**IN THE PAST 12 MONTHS, HAS THE PARTICIPANT EXPERIENCED ANY OF THE FOLLOWING**

<b>HEALTH PROBLEM</b>	<b>EXPLANATION (Include Date)</b>
Loss of consciousness, including seizures	
Hospitalized for mental health crisis	
Hospitalized (injury, surgery, etc.)	
Has attempted suicide or talks about it	
Activities been restricted due to medical reasons	

**HOOFPRIENTS PARTICIPANT APPLICATION**

Equine Assisted Activities can be physical and are out of doors. Please give detailed information when necessary.

Return Application to: KCorbett@HoofPrintsOhio.org

**CURRENTLY UNDER PHYSICIANS CARE FOR ANY OF THE FOLLOWING**

<b>HEALTH PROBLEM</b>	<b>EXPLANATION</b>
Heart Condition	
Mental Health Crisis	
Pulmonary condition	
Other- Explain	

**GOALS – WHAT DO YOU EXPECT TO BE ACCOMPLISHED WITH EQUINE ASSISTED ACTIVITIES**

<b>AREA and EXAMPLES</b>	<b>SPECIFY</b>
BEHAVIORAL (reduce frustration or aggression, express self, reduce negative behaviors, ....)	
COGNITIVE (Example: Children: follow directions, engage higher function senses, understand emotions. Adults: Reducing Stress Reactions, Mindfulness, Self-Awareness)	
RECREATIONAL (fun, exercise, social interaction ....)	
OTHER GOALS	

Anything else you would like us to know that will help to provide support during Equine Assisted Activities:

THERE ARE SOME PRECAUTIONS AND CONTRAINDICATIONS TO WORKING AROUND HORSES. ALL APPLICATIONS WILL BE REVIEWED PRIOR TO BEING ACCEPTED INTO THE PROGRAM. IF FURTHER EXPLANATION IS NEEDED, YOU WILL BE CONTACTED.

**I confirm that the information provided is accurate and true as it pertains to the listed participant,**

Name of Person Completing Form

Electronic Signature

Date