

The Mission of Inspiration Ranch is to enhance lives and inspire change through the healing power of the horse in an accepting Christian environment

To my knowledge, there is no reason why _____ (rider's name) cannot participate in supervised equestrian activities. However, I understand the Inspiration Ranch will weight the rider's medical information against the existing precautions and contraindications.

Please indicate any special precautions: _____

Physician Signature: _____ Date: _____

Rubber Stamp Address Above

Physician Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Precautions & Contraindications

The following conditions may suggest precautions and contraindications to therapeutic horseback riding. When completing this form, please note whether these conditions are present and to what degree.

Orthopedic

- Atlantoaxial Instability include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/ Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities

Neurologic

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

Other

- Age Under 3 Years
- Indwelling Catheters
- Medication (i.e. photosensitivity)
- Poor Endurance
- Skin Breakdown

Medical

- Allergies
- Blood Pressure Control
- Exacerbations of medical conditions
- Heart Conditions
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries

Psychological

- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Dangerous to self or others
- Incidents involving fire
- Substance abuse
- Thought Control Disorders
- Weight Control Disorders

Notes: _____

All client records and information are considered confidential and can only be accessed at a staff member's request.

****For those with Down's Syndrome, a complete neurological exam has been completed and indicates no evidence of Atlanta Axial Instability of focal neurologic disorder: YES Physician's Initials _____**