Intake Form

Name:___________________________________ ☐ Over 18 (check box)

Contact Numbers:___________________Age: ___________(if under 18)

I agree to the following:

☐ I will only interact with the horses in a safe and controlled manner

☐ I will wear appropriate attire and footwear when around the horses

☐ I will follow instructions

☐ The Practitioner may cancel my session with the horses without refunding any fee if I do not comply with any of these terms and conditions

Horse experience:

The number of times you have interacted with horses in the last 12 months: _____________

Indicate below the number of times you have interacted with horses in total:

☐ 0 – 10 Little experience ☐ 11 – 20 Some experience

☐ 21 – 50 Average experience ☐ 50 – 100 Experienced ☐ 100 + Very experienced

Client's/Adults Learning Goals and or Focus area/s

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In case of any emergency the following information is intended to assist:

Name and telephone numbers of contact people:
** Legal guardian details must be provided if you are under 18

Emergency contact name	Relationship	Mobile	Home	Work

Are there any learning difficulties that need to be discussed, so the facilitator is able to accommodate accordingly?
Please describe: ____

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Do you (or your child) suffer from any of the following?☐ NO (please tick if applicable)

☐ Asthma ☐ Diabetes ☐ Epilepsy/ Fits ☐ Fainting
☐ Blackouts ☐ Disability ☐ Back injury ☐ Heart Condition
☐ Blood Condition ☐ Pregnancy ☐ Dizziness ☐ Migraines
☐ Medications ☐ Allergic Reactions ☐ Recent Injury ☐ Other (describe):

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Allergies: Please describe allergy and reaction if applicable: ___________________________

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Medication: Is it necessary for you or your child to carry their own medication at all times?

☐Yes ☐No Name of medication: ____

Frequency: ____ Dosage: _____________

Consent to Medical Attention: I authorise the facilitator in charge to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature: ____

Signature of Legal Guardian (if applicable): __________________________________

Date: ____