Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

REGISTRATION AND RELEASE FORM

SIRE SITE: ☐ Hockley ☐ Spring ☐ Richmond/Fort Bend

Client Information:

Name: ______________________________

Date of Birth: ______________ Sex: __________ Height/Weight: ______________

Diagnosis: ______________________________ Date of Onset: ______________

Address: ______________________________

City/State/Zip: ______________________________

Client Occupation/Employer or School/Grade: ______________________________

Parent/Guardian Information (If Applicable):

Father's Name: ______________ Mother's Name: ______________

Address (if different): ______________________________

Father's Primary Phone (Cell, Home or Work?): ______________________________
Circle One

Father's Alternate Phone #'s (Cell, Home or Work?): ______________________________
Circle One

Father's E-mail Address: ______________________________

Father's Occupation/Employer: ______________________________

Mother's Primary Phone (Cell, Home or Work?): ______________________________
Circle One

Mother's Alternate Phone #'s (Cell, Home or Work?): ______________________________
Circle One

Mother's E-mail Address: ______________________________

Mother's Occupation/Employer: ______________________________

Alternate Contact Name & Relationship to client: ______________________________

Alternate Phone #'s (Cell, Home or Work?): ______________________________
Circle One

E-mail Address: ______________________________

Guardian/Caregiver Information (If Applicable):

Name: ______________________________

Address: ______________________________

Primary Phone (Cell, Home or Work?): ______________________________
Circle One

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

REGISTRATION AND RELEASE FORM (Cont.)

LIABILITY RELEASE

___________________________ (Client's Name) would like to participate in the SIRE, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk 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 SIRE, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/ my ward may sustain while participating in SIRE, Inc.

WARNING - Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Date: ___________________ Signature: ____

Client, Parent, or Guardian

PHOTO RELEASE: (Please indicate your preference by signing your consent or non-consent)

I authorize the use and reproduction by SIRE, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

I **consent** to use of photographs

Date: ________ Signature: ____________________________________

Client, Parent, or Guardian

I **do NOT consent** to use of photographs

Date: ________ Signature: ____________________________________

Client, Parent, or Guardian

Note: It is the policy of SIRE to protect and preserve the confidentiality of all Protected Information and SIRE will not use or disclose Protected Information without authorization unless disclosure is required by law. Protected Information includes (but is not limited to) names, mailing address, telephone numbers and email addresses.

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

Annual Health History and Personal Goals

Name: ____

Do you have any conditions, which might be affected by the weather (heat, cold), the environment (insect allergies, asthma, dirt), or the animals (allergies)? ______________________________________

____

____

____

____

Please explain any recent changes in health status. ____________________________________

____

____

____

____

Please list current medications. ____

____

____

____

____

Please list your personal goals for the next semester.

Equestrian goals: ____

____

____

____

____

Functional/life skills goals: ____

____

____

____

____

Social goals: ____

____

____

____

____

Signature: ____ Date: ________________

Print name and relationship: ____

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

SIRE SITE: ☐ Hockley ☐ Spring ☐ Richmond/Fort Bend

Client's Name: ______________________________ Phone: ______________

Address: ____

In the event of an emergency:

Contact: ______________________ Relationship ________ Phone: ______________

Contact: ______________________ Relationship ________ Phone: ______________

Contact: ______________________ Relationship ________ Phone: ______________

Physician's Name: ______________________________ Phone: ______________

Preferred Medical Facility: ______________________________________

Health Insurance Co.: ______________________________ Policy #: ______________

Allergies, Current Meds: ______________________________________

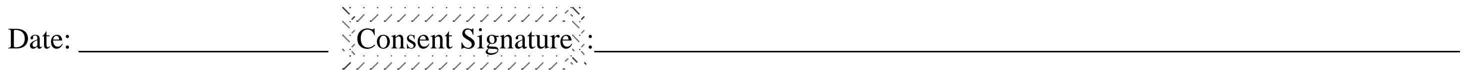
CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize SIRE, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will **only** be invoked if the persons listed above are unable to be reached.



Date: ______________ Consent Signature: ______________________________

Client, Parent, or Guardian

NON-CONSENT PLAN

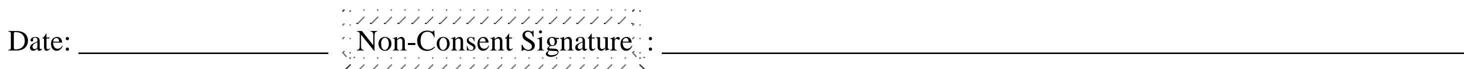
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

____

____

____

____



Date: ______________ Non-Consent Signature: ______________________________

Client, Parent, or Guardian

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

Clients' Medical History and Physician's Statement

• *Must be signed by Physician and Client/Parent/Guardian* •

Client Name: ___________________________M/F: _______Date of Birth___________ Height _______ Weight ________

Diagnosis____ Date of Onset_____________________

Seizure Type_____________________ Controlled_______________________ Date of last seizure______________

Medications____

Shunt Present: Yes No Date of last shunt revision: ______________________

Past/Prospective surgeries: ____

Please indicate if patient has a problem and/or surgeries in the following areas by checking Yes or No. If yes, please comment.

Areas	Yes	No	Comments
Behavioral			
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning			
Psychological			
Other			

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

► Client/Parent/Guardian Signature ____ ◄ **Date** _________________

*****PHYSICIAN MUST SIGN AND DATE THIS FORM BELOW *****

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that SIRE will weigh the medical information above against the existing precautions and contraindications. Therefore I refer this person to SIRE for ongoing evaluation to determine eligibility for participation. **I have read the attached Precautions and Contraindications.**

** FOR PERSONS WITH DOWN SYNDROME:

Neurologic symptoms of Atlanto Axial Instability. ☐ Present ☐ Absent

Please indicate any special precautions: ____

► Physician Signature ____ ◄ **Date** __________________

Physician Name (please print) ______________________________________ MD, DO, NP, PA Other ___________

Address ____ Phone _______________________

City, ST, Zip ____

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

Precautions & Contraindications

Precautions and Contraindications:
The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Please review this information, and if present, contact SIRE for more information.

ORTHOPEDIC
Atlantoaxial Instability
Coxa Arthrosis
Cranial Deficits
Osteoporosis
Heterotopic Ossification/Myositis
Joint subluxation/dislocations

NEUROLOGIC
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities
Seizure Disorder
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia
Hydrocephalus/Shunt

OTHER
Indwelling Catheters
Skin Breakdown
Weight Exceeds 200 pounds

MEDICAL/PSYCHOLOGICAL
Animal Abuse
Physical/Sexual/Emotional Abuse
Dangerous to self or others
Exacerbation's of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

- The client's inability to maintain head and neck control while riding presents a safety concern.
- The client's inability to maintain sitting balance while riding presents a safety concern.
- The client exceeds a weight that can safely be managed by staff, volunteers, and/or horses.
- Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, volunteers, staff and/or horse.
- Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding unsafe for the client, staff, volunteers and/or horse.
- Three scheduled appointments are missed without prior cancelation.
- Nonpayment of fees.

Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079
281-356-7588*Fax 281-888-5269
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469
SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
SIRE Spring * 4610 Sloangate * Spring, TX 77373

SIRE is a Premier Accredited Center through the Professional Association of Therapeutic Horsemanship International (PATH INTL)

GETTING TO KNOW YOU

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little about the riders they will be working with.

____
Date

SIRE Site: □ Hockley □ Spring □ Fort Bend

PICTURE
(Optional)

My full name is ____

Please call me ______________________________ my birth date is ______________
(Name I go by)

I began riding at SIRE on _________________ (date).

Family members: ____

Pets: ____

My interests or hobbies are: ____

My goals for riding therapy are: ____

(Optional) Please supply any details about the rider you think might be helpful to the volunteers who will be working with him/her/you. (Speech, Vision, Comprehension)

____

____

____

Particular methods that this rider responds to: ________________________________

____