



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



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## 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.**



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### **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: \_\_\_\_\_



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## 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

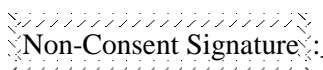
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_  Non-Consent Signature: \_\_\_\_\_

Client, Parent, or Guardian



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## Clients' Medical History Statement

• Must be signed by 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 client 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** \_\_\_\_\_



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## **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



### **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.



## IT TAKES A VILLAGE (or a Barnful!!!)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Site: \_\_\_\_\_

*You may have heard the statement "It takes a village to raise a child." In SIRE's case, it takes a barnful of people of different skills, talents and contacts to insure that we can continue to provide the quality services our clients deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to become more involved in SIRE. Thank you for taking the time to fill this out.*

**SPECIAL SKILLS:** Please check any special skills, talents, or knowledge that you wish to share with SIRE.

- Carpentry     Computer Technology     Data Entry     Electrical  
 Experienced Horse Trainer     Finance     General Office     Graphic Design  
 Photography     Plumbing     Public Speaking     Writing     Other \_\_\_\_\_

**AFFILIATIONS:** We apply for grants and are willing to speak to companies, foundations, churches and organizations. It helps to know if we have volunteers who are affiliated with those groups.

**Corporate/business affiliations:** \_\_\_\_\_

**Religious affiliation and location:** \_\_\_\_\_

**Civic and professional organization affiliations:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**FUNDRAISERS:** SIRE relies on the help of volunteers to plan our major fundraisers. Check below to be contacted about serving on an event committee.

\_\_\_\_ **Saddle Up for SIRE Ride-A-Thon:** Fundraiser trailride held in October.

\_\_\_\_ **SIRE Gala:** Black tie gala held in the spring with dinner, dancing and live and silent auctions

**Please list any other ways you would like to become more involved in SIRE.**

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## ***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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_