



## Hippotherapy Equine Riding Program Participant Application and Health History

### What is Hippotherapy?

Hippotherapy, the word 'hippo' in Greek meaning horse, is a treatment strategy in which licensed physical, occupational, or speech therapists use the movement of the horse to address a client's functional goals. The horse's rhythmic, multidimensional motion helps improve balance, strength, coordination, and sensory processing.

Therapy sessions are designed for individuals with documented diagnoses and serve as a treatment strategy using the horse's movement to address functional goals. These sessions are conducted by a licensed and specially trained Occupational Therapist, Physical Therapist, or Speech-Language Pathologist.

***Program Location: Indian Creek Stables (5349 W 700 S, Morgantown, IN 46160)***

### GENERAL INFORMATION

Participant: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer/School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Parent/Legal Guardian: \_\_\_\_\_  
 Caregivers: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Referral Source: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 How did you hear about the program? \_\_\_\_\_

## HEALTH HISTORY

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

*Please indicate current or past special needs in the following areas:*

|                  | Yes | No | Comments |
|------------------|-----|----|----------|
| Vision           |     |    |          |
| Hearing          |     |    |          |
| Sensation        |     |    |          |
| Communication    |     |    |          |
| Heart            |     |    |          |
| Breathing        |     |    |          |
| Digestion        |     |    |          |
| Circulation      |     |    |          |
| Emotional/Mental |     |    |          |
| Behavioral       |     |    |          |
| Pain             |     |    |          |
| Bone/Joint       |     |    |          |

|                    |  |  |  |
|--------------------|--|--|--|
| Muscular           |  |  |  |
| Thinking/Cognition |  |  |  |
| Allergies          |  |  |  |

**MEDICATIONS** (include prescription and over-the-counter, name, dose, and frequency)

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Describe your (participant's) abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc).

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**GOALS** (i.e., why are you applying for participation? What would you like to accomplish)

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## PHOTO RELEASE

I (participant) \_\_\_\_ DO

I (participant) \_\_\_\_ DO NOT

Consent to and authorize the use and reproduction White Horse Equine Assisted Services, LLC of any and all photographs and any other audio/visual materials taken of me (participant) for promotional material, educational activities, exhibitions or for any other user for the benefit of the program.

Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fill this portion out AFTER approved to participate:

### “Program Periods”

**Each “Program Period” is 4 weeks in length or 3 weeks in length. We recommend participating in at least TWO consecutive Program Periods to receive the maximum benefits of this therapy program.**

### “Sessions”

Hippotherapy “Sessions” take place once a week on Tuesday and are one hour in length. Each session is conducted by a licensed Occupational Therapist with other professional support as needed. Participants will have mounted horse time as well as grounded clinic time within each session.

## Participant Riding Time and Day Policy:

I hereby confirm that \_\_\_\_\_ (participant's first and last name) will participate in the hippotherapy program receiving Occupational Therapy services each Tuesday at \_\_\_\_\_ AM/PM (riding time) for four weeks (program period) starting Tuesday \_\_\_\_\_, 2027 and ending Tuesday \_\_\_\_\_ 2027. If the participant NO CALLS or NO SHOWS **TWO TIMES**, their therapy time will be given to another participant on the waitlist. Participant families will still be expected to pay their FULL invoice amount.

I \_\_\_\_\_ understand and agree to this participant policy.

Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Attendance/Cancellation Policy:

Commitment and consistency are vital to work towards and achieve therapy goals. If the participant is unable to make their scheduled therapy time, please call Elizabeth Davis at 317-809-2877 or email us at [whitehorseequineservices@gmail.com](mailto:whitehorseequineservices@gmail.com) as soon as you are aware you are going to be absent. Riders will still be responsible for the full therapy session payment.

**\*\*\*No makeup sessions or reimbursements are available if the participant cancels.**

If **White Horse Equine Assisted Services, LLC** staff need to cancel for any of the following reasons:

- *Emergency*
- *Dangerous weather*
- *Therapist or staff illness*
- *Equine illness*

*\*White Horse Equine Assisted Services, LLC will call all scheduled participants as soon as possible.*

*\*If the therapy session needs to be canceled, we will schedule a makeup session at a later date (primary option) OR a credit (secondary option) will be added to the participant's next invoice.*

## **Pricing**

### ***Occupational Therapy Sessions: \$130***

- Initial Evaluation (completed during first session): \$40
- Three month evaluation or evaluation requested from OT: \$40

### ***Physical Therapy Services: \$150***

- Initial Evaluation (completed during first session): \$40
- Three month evaluation or evaluation requested from PT: \$40

*The initial evaluation is completed during the first therapy visit and needs to be repeated:*

- Every three months since the participant's original start date
- The participant returns after a lapse of one month or more between program periods
- At the discretion of the therapist

**\*\*\***Participants may enroll in consecutive program periods as long as the program remains clinically appropriate for the participant. We recommend completing at least TWO consecutive program periods to receive maximum program benefits.

## Payment Policy

**All session fees for Hippotherapy services are the responsibility of the client/parent/guardian. White Horse Equine Assisted Services, LLC (“WH-EAS”) does not bill insurance directly. Clients may choose to submit receipts to their insurance provider; however, WH-EAS does not guarantee reimbursement.**

## Session Fees & Billing

- Hippotherapy sessions are scheduled monthly (every 4 weeks). When a participant signs up for a “program period” they will participate in this program for three/four Tuesdays in a row during their confirmed time.
- Hippotherapy session invoices are issued at the end of the previous month and are due within 7 days of receipt. There will be a \$15 late fee added to the participant’s invoice if the invoice is 7 days late or more.
- Payment must be made PRIOR to or on the day of the first session of the program period in order for the next session to continue as scheduled.

### Accepted payment methods include:

- Online payment through Zoho Books (credit card): \$3 service charge
- Cash: no service charge
- Check (payable to *White Horse Equine Assisted Services, LLC*): \$3 service charge

## Insurance & Documentation Requests

- WH-EAS can provide invoices, receipts, session logs, or therapist documentation *upon request*, but cannot assist with insurance negotiations.
- A \$10 admin fee may apply for extensive documentation (beyond standard receipts).

## Agreement to Policy

By enrolling in Hippotherapy services through *White Horse Equine Assisted Services, LLC*, clients acknowledge and agree to adhere to this payment policy. Any updates will be

communicated in writing.

I \_\_\_\_\_ understand and agree to this payment policy.

Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Program Contact Information:**

*For any questions or concerns, please contact us using the information below.*

Owner/CEO: Elizabeth Davis

Email: [whitehorseequineservices@gmail.com](mailto:whitehorseequineservices@gmail.com)

Phone Number: 317-809-2877

Occupational Therapist: Nicole Flood, OTR, C/NDT

Email: [Nicole.flood0619@gmail.com](mailto:Nicole.flood0619@gmail.com)

Phone Number: 317-627-2303

Physical Therapist: Jennifer Lange

Email: [jenlange2@gmail.com](mailto:jenlange2@gmail.com)

Our Fax Number: 201-831-2566

### *A Note from the Team-*

*We are so excited to welcome you and your child to our Hippotherapy Program at White Horse Equine Assisted Services! Our goal is to provide a safe, supportive, and engaging therapy environment where your child can grow, learn, and work toward meaningful goals through the unique movement of the horse.*

*Hippotherapy is a treatment strategy used by licensed Occupational Therapists (OT) and Physical Therapists (PT) as part of an individualized therapy plan. Through purposeful activities and the horse's movement, we work to support areas such as balance, coordination, postural control, strength, sensory processing, motor planning, and functional independence.*

*Every child is unique, and so is their therapy journey!*

*We believe in celebrating every accomplishment, no matter how big or small. Our therapists work closely with families, horse handlers, and trained volunteers to create positive experiences that encourage confidence, participation, and progress.*

*With Warm Regards,*

*Your Hippotherapy Team*