



## 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. 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 \_\_\_\_\_, 2026 and ending Tuesday \_\_\_\_\_ 2026. 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**

- Initial Therapy Session: \$120
- Initial Evaluation (completed during first session): \$40

*The initial evaluation is completed during the first therapy visit and does not need to be repeated unless:*

- One year has passed 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

Ongoing Weekly Sessions: \$120

## **Program Period Options**

- 4-Week Program Period: \$480/ PayPal Payment Total: \$484.50 (includes processing fees)
- 8 Consecutive Therapy Sessions (two program periods): \$900 (10% discount)/ PayPal Payment Total: \$904.50 (includes processing fees)

Participants may enroll in consecutive 4-week 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 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 \$10 a day late fee added to the participant's invoice for each day the payment is late.
- 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.
- A deposit of \$120 needs to be made to hold the participant's therapy spot at least two weeks before the next program period begins.

### **Accepted payment methods include:**

- Credit/debit card or HSA card (via PayPal: Please note there is a \$4.50 service charge)
- Cash
- Check (payable to *White Horse Equine Assisted Services, LLC*)

## 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

## **About Nicole-**

Nikki graduated in 2013 from the UIndy MOT program. For the last 10 years she has worked in both inpatient and outpatient pediatric settings, but now works primarily in outpatient. In addition to her expertise as an Occupational Therapist, Nikki has training and experience in hippotherapy (Level 2 certified), aquatics, and holds a pediatric NDT certification. She was the lead therapist for an established hippotherapy program from 2015 to 2019.



In 2019 Nikki transitioned from Ascension St. Vincent/Peyton Manning Children's Hospital to Franciscan Health Indianapolis. Presently, she is working closely with her colleagues in an outpatient pediatric setting with a focus on children experiencing neuromotor deficits. Recently, Nikki was afforded the opportunity to trial and build an aquatics program for the pediatric population offering Occupational Therapy, Physical Therapy, and Speech Therapy.

In addition to being an Occupational Therapist, Nikki is happily married to her husband of 13 years. She and her husband have two wonderful daughters (9 and 2) and currently live in Plainfield, Indiana.

Nikki states, "As a graduate of the University of Indianapolis Master of Occupational Therapy program (December 2013) I have diverse skills relating to pediatrics and acute care. I have developed a passion for assisting all populations in achieving individualized and community goals through meaningful, occupation-based activity".

