

Saddle Up Riding Club, Inc.
Therapeutic Riding Program Application Form

To assist us in placing you, please complete this form in its entirety.

Name: _____
Parent or Guardian Name: _____
Address: _____ _____
Home Phone #: () _____ Phone # _____: () _____ Type
Email: _____

Disability: _____ Date of Birth: (mm/dd/yy) _____
Height: _____ Weight: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female

Does the applicant use any of the following: (check those applicable) <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Braces <input type="checkbox"/> Other _____
Assist for transfer needed: <input type="checkbox"/> None <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max (full)
Has/does applicant have trouble with the following: (check those applicable) <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Sensation <input type="checkbox"/> Speech <input type="checkbox"/> Balance <input type="checkbox"/> Circulation <input type="checkbox"/> Seizures <input type="checkbox"/> Coordination
Is the Applicant incontinent? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Current school attending: _____
Please describe Other Therapies: _____
Days/Times available to ride: _____
Fees for equine assisted therapy are as followed and must be paid before lesson: \$30 for half hour group therapeutic riding lesson \$40 for half hour private therapeutic riding lesson
Will you be applying for a financial hardship scholarship? (if available): <input type="checkbox"/> Yes <input type="checkbox"/> No

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www.saddleupridingclub.org