

Date Received: \_\_\_\_\_

CIVI ID: \_\_\_\_\_

Application Complete: \_\_\_\_\_

**PROGRAM APPLICATION & PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

 Applying to program\* (check all that apply):  Therapeutic Riding  Driving  Grooming  
 Little Britches  Summer Camp

\*Appropriateness for SARI's different programs is decided on an individual basis and is best determined by SARI's team of therapists and certified riding instructors in collaboration with the applicant.

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Contact if other than Guardian (e.g. third party caregiver, group home): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please check all that apply:

- The applicant has a diagnosed disability/special need. Note: Physician's referral is required for all applicants with special needs *except* those applying to Grooming. Referral is required for application to be complete.

Disability/Special Need(s): \_\_\_\_\_

- The applicant does not have a diagnosed disability/special need and is applying for SARI's integrated children's programming (Little Britches or Summer Camp).

- The applicant has allergies which are: \_\_\_\_\_

- The applicant is currently taking medication (list all): \_\_\_\_\_

Please indicate the applicant's height (feet/inches): \_\_\_\_\_, and weight\* (lbs): \_\_\_\_\_

\*Note: participation in horseback riding may be limited if the applicant exceeds 170lbs.

I hereby certify the information provided on this application form is accurate and grant the applicant permission to receive instruction at SARI Therapeutic Riding.

Print Name (Parent/Guardian): \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name (Applicant &gt;18 Years): \_\_\_\_\_ Signature: \_\_\_\_\_

## PROGRAM INFORMATION FOR APPLICANTS

SARI Therapeutic Riding provides opportunities for people with special needs to move towards greater independence and freedom through their connection with horses. SARI offers five programs to include participants of all levels and abilities.

Program	Session Structure	Details on Applying to Program
<b>Therapeutic Riding</b>  <i>Horseback riding lessons are specialized to meet each rider's physical, social, communication and independence goals.</i>	30 minutes, once per week  Three sessions: Fall, Winter, Spring	<ol style="list-style-type: none"> <li>1. Complete "Program Application &amp; Personal Information"</li> <li>2. Complete "Physician's Referral"</li> <li>3. Submit both documents to the SARI office to consider your application complete.*</li> </ol>
<b>Driving</b>  <i>Promotes social interaction, team work and physical activity as participants ride along behind a horse-drawn wagon.</i>		
<b>Grooming</b>  <i>Promotes social interaction on the ground through grooming horses and learning horsemanship skills.</i>	60 minutes, once per week  Three sessions: Fall, Winter, Spring	<ol style="list-style-type: none"> <li>1. Complete "Program Application &amp; Personal Information"</li> <li>2. Submit document to the SARI office.</li> </ol>
<b>Little Britches</b>  <i>A fun-filled integrated program open to children with and without special needs, age 4-12. Participants enjoy crafts, games, songs, and a pony ride.</i>	Half days (AM or PM)  One Sunday per month  Spring (March-June) or Fall (Sept-Dec)	<ol style="list-style-type: none"> <li>1. Complete "Program Application &amp; Personal Information"</li> <li>2. If applicant has a diagnosed special need, complete "Physician's Referral"*</li> <li>3. Submit document(s) to the SARI office. <i>Please include your selection of dates for participation:</i> _____ _____</li> <li>4. Payment is required to hold spot.</li> </ol>
<b>Summer Camp</b>  <i>An exciting day camp for kids age 4 to 18. Participants enjoy horseback riding lessons, crafts, guest speakers, theme days and horsemanship activities.</i>	Full days, 9am to 4pm  Monday to Friday, July and August	

\*Applicants with special needs will be contacted for assessment by SARI's team of therapists and certified riding instructors to determine suitability for participation in programs. This process takes 40-60 minutes and includes a portion with horses. This process is mandatory to optimize safety and participant's experience while at SARI.

**THIS SECTION FOR OFFICE USE ONLY & ADMINISTRATIVE COORDINATOR NOTES:**

Applicant choice of Little Britches 2017 (circle):      SPRING      FALL       \$ Received      Staff Initials: \_\_\_\_\_

Applicant choice of Camp Week(s) 2017 (circle):    1   2   3   4   5   6   7   8   9     \$ Received      Staff Initials: \_\_\_\_\_

**Notes:**



12659 Medway Road, R.R. #1 Arva, Ontario N0M 1C0  
Phone: (519) 666-1123  
Fax: (519) 666-1971  
email: [office@sari.ca](mailto:office@sari.ca)  
[www.sari.ca](http://www.sari.ca)

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Dear Physician,

Thank you for completing the referral form for your patient to apply to participate in the program at SARI Therapeutic Riding. Your comments will help our therapists and instructors decide on this patient's suitability for riding or driving and help them provide a better quality individualized program for the patient. Where possible, please be specific with your comments. The physician is asked to complete the entire form. For this reason, please stamp the final page of the referral with your office's stamp. If any part of the referral is incomplete or completed by the parent/guardian, the form will be returned to the applicant and they will not be placed onto the wait list. Please take the time to ensure each space is complete.

Please review the list of contraindications and precautions, and consider the ones that may be applicable for your patient. If you have any questions or concerns, contact the SARI office. As well, please review the list of conditions that require cervical spine and/or flexion-extension X-ray. If an X-ray is indicated, please attach a copy of the results of the X-ray report to this referral.

Upon receiving your referral and other documentation from the applicant, he/she will be booked for an assessment by a Physical or Occupational Therapist, as well as the Head Instructor. This evaluation will assess the rider's abilities on and off the horse and determine the appropriateness of the applied for program. The assessment will also determine special requirements and adaptations needed for riding. The rider may be reassessed should it be warranted.

Horseback riding is considered a risk sport; therefore the highest standards of safety and therapeutic riding instruction, as per the Canadian Therapeutic Riding Association and the Professional Association of Therapeutic Horsemanship International, are maintained.

SARI offers three sessions per year and classes run weekly for 30-60 minutes, depending on the size and ability of the class participants. Depending on the level of the ability of rider, he/she may have a volunteer lead the horse and may have one or two volunteers walk beside the horse to provide support. The majority of classes are walk-trot or walk only. Please consider the implications of the horse's gait (i.e. smooth, choppy, animated) on your patient when on horseback before deeming this an appropriate activity for the applicant.

Thank you again for completing the referral form. If you have any questions about your patient's participation in the program or have other questions about SARI and therapeutic equine programs in general please do not hesitate to call the office at 519-666-1123.

Sincerely,

Diane Blackall  
Executive Director

# **SARI THERAPEUTIC RIDING**

## **CONTRAINDICATIONS AND PRECAUTIONS FOR THERAPEUTIC RIDING**

The following conditions may represent precautions or contraindications to therapeutic horseback riding if present in potential participants. Therefore, when completing the physician's referral, please note whether these conditions are present and to what degree.

### **ABSOLUTE CONTRAINDICATIONS**

#### **ORTHOPEDIC**

- Acute arthritis
- Acute herniated disc or prolapsed disc
- Atlanto-axial instabilities
- Coax athrosis (degeneration of hip joint)
- Structural cranial deficits
- Osteogenesis imperfecta
- Pathological fractures
- Spondylothesis
- Structural scoliosis >30 degrees, excessive kyphosis or lordosis or hemivertebra
- Spinal stenosis

#### **NEUROLOGICAL**

- CVA secondary to unclipped aneurysm or angioma
- Paralysis due to spinal cord injury above T6 (adult)
- Spina bifida associations – Chiari II malformations, hydromyelia, tethered cord
- Uncontrolled seizures within the last 12 months

#### **MEDICAL/PSYCHOLOGICAL**

- Obesity or >170 lbs
- Anticoagulants

#### **OTHER**

- Age under 2 years old
- Any condition that the instructor, therapist, physician or program does not feel comfortable accepting into the program

### **RELATIVE CONTRAINDICATIONS AND PRECAUTIONS**

#### **ORTHOPEDIC**

- Arthrogyrosis
- Heterotopic ossification
- Hip subluxation, dislocation or dysphasia
- Osteoporosis
- Spinal fusion/fixation, Harrington Rod (within 2 years of surgery)
- Spinal instabilities/abnormalities
- Spinal orthoses

#### **NEUROLOGIC**

- Amyotrophic Lateral Sclerosis
- Fibromyalgia
- Gullian Barre Syndrome
- Exacerbation of Multiple Sclerosis
- Post Polio Syndrome
- Hydrocephalic shunt

## **MEDICAL/PSYCHOSOCIAL**

- Abusive or disruptive behaviour
- Cancer
- Hemophilia
- History of skin breakdown or skin grafts
- Abnormal fatigue
- Incontinence (must wear protection)
- Peripheral vascular disease
- Sensory deficits
- Serious heart condition or hypertension
- Significant allergies
- Surgery within the last three months
- Uncontrolled diabetes
- Indwelling catheter

## **FLEXION/EXTENSION X-RAY REQUIRED FOR ATRAUMATIC FACTORS THAT MAY BE ASSOCIATED WITH AN UNSTABLE UPPER CERVICAL SPINE**

- Down syndrome
- Os odontoidum
- Athetoid cerebral palsy
- Rheumatoid arthritis of cervical vertebrae
- Congenital torticollis
- Sprengel deformity
- Ankylosing spondylitis
- Congenital atlanto-occipital instability
- Klippel-Feil syndrome
- Chiari malformation with condylar hydroplasia
- Fusion of C2-C3
- Lateral mass degeneration change at C1-C2
- Systemic lupus
- Morquio disease
- Non-rheumatoid cranial settling
- Subluxation of upper cervical vertebrae due to tumours or infection
- Idiopathic laxity of the ligaments
- Grisel's syndrome
- Lesch-Nyhan syndrome
- Marshall-Smith syndrome
- Diffuse idiopathic hyperostosis
- Congenital chondrodysplasia

## SARI THERAPEUTIC RIDING PHYSICIAN'S REFERRAL

<b>NAME OF CLIENT</b>	<b>DATE OF BIRTH</b>	
<b>WEIGHT</b> *Participation in horseback riding may be limited above 170lbs.	<b>HEIGHT</b>	
<b>PRIMARY DIAGNOSIS</b>	<b>DATE OF ONSET</b>	
<b>SECONDARY DIAGNOSIS OR ASSOCIATIONS</b>	<b>DATE OF ONSET</b>	

**PLEASE CIRCLE APPROPRIATE RESPONSE AND COMMENT SPECIFICALLY AND AS NECESSARY**

<b>AUDITORY IMPAIRMENTS</b>	NO	YES	<b>IF YES, BE SPECIFIC:</b>			
<b>SPEECH IMPAIRMENTS</b>	NO	YES	<b>IF YES, BE SPECIFIC (i.e. verbal, non-verbal, other):</b>  <b>MODE OF COMMUNICATION (i.e. PECS, ASL):</b>			
<b>VISUAL IMPAIRMENTS</b>	NO	YES	<b>IF YES, BE SPECIFIC:</b>			
<b>BEHAVIOURAL CONCERNS</b>	NO	YES	<b>IF YES, BE SPECIFIC: (as to how the applicant's behaviour may affect their level of risk around horses, i.e. flight risk, aggression, lack of fear, etc.)</b>			
<b>MENTAL HEALTH CONCERNS</b>	NO	YES	<b>IF YES, BE SPECIFIC:</b>			
<b>CIRCULATORY IMPAIRMENTS</b>	NO	YES	<b>IF YES, BE SPECIFIC:</b>			
<b>ABNORMAL SENSATION</b>	NO	YES	<b>IF YES, BE SPECIFIC:</b>			
<b>INCONTINENCE</b>	NO	YES				
<b>SEIZURES</b>	NONE		ABSENCE	PARTIAL COMPLEX	TONIC CLONIC	<b>DATE OF LAST SEIZURE</b>
<b>DIABETIC</b>	NO YES					

<b>HIP SUBLUXATION OR DISLOCATION</b>	<b>NO</b>	<b>YES</b>	<b>IF YES, BE SPECIFIC:</b>	
<b>CO-ORDINATION OF UPPER EXTREMITIES</b>		<b>NORMAL</b>	<b>ABNORMAL</b>	<b>GROSSLY ABNORMAL</b>
<b>CO-ORDINATION OF LOWER EXTREMITIES</b>		<b>NORMAL</b>	<b>ABNORMAL</b>	<b>GROSSLY ABNORMAL</b>
<b>MUSCLE TONE – UPPER EXTREMITIES</b>		<b>NORMAL</b>	<b>HIGH TONE</b>	<b>LOW TONE</b>
<b>MUSCLE TONE – LOWER EXTREMITIES</b>		<b>NORMAL</b>	<b>HIGH TONE</b>	<b>LOW TONE</b>
<b>MUSCLE TONE – TRUNK &amp; NECK</b>		<b>NORMAL</b>	<b>HIGH TONE</b>	<b>LOW TONE</b>
<b>SITTING BALANCE STATIC</b>		<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
<b>SITTING BALANCE DYNAMIC</b>		<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
<b>STANDING BALANCE STATIC</b>		<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
<b>STANDING BALANCE DYNAMIC</b>		<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>

<b>MEDICATIONS</b>	<b>PLEASE SPECIFY:</b>	
<b>MEDICATION SIDE EFFECTS</b>	<b>PLEASE SPECIFY:</b>	
<b>RELEVANT SURGERIES AND DATES</b>	<b>PLEASE SPECIFY:</b>	
<b>ASSISTIVE DEVICES, BRACES, SPINAL RODS OR FUSION</b>	<b>PLEASE SPECIFY:</b>	
<b>SHUNTS</b>	<b>NO/YES</b>	<b>IF YES, BE SPECIFIC:</b>
<b>KNOWN ALLERGIES</b>		
<b>DATE OF LAST TETANUS</b>		
<b>COMMUNICABLE DISEASES</b>	<b>NO/YES</b>	<b>IF YES, BE SPECIFIC:</b>
<b>DOWN SYNDROME &amp; RHEUMATOID CERVICAL SPINE X-RAYS (see contraindications)</b>	<b>YEAR &amp; DETAILS (attach report)</b>	
<b>FLEXION/EXTENSION X-RAYS REQUIRED (see contraindications)</b>	<b>YEAR &amp; DETAILS (attach report)</b>	

<b>AUTISM SPECTRUM DIAGNOSIS</b>	<b>DESCRIBE ASSOCIATED BEHAVIOURS:</b>
<b>CRITERIA FOR INCLUSION IN HIPPO THERAPY PROGRAM</b>	<b>CHECK ONE:</b> <input type="checkbox"/> The applicant is <i>ABLE</i> to sit, unaided, on a hard surface for 30 sec. <input type="checkbox"/> The applicant is <i>UNABLE</i> to sit, unaided, on a hard surface for 30 sec.

**PLEASE COMMENT ON HOW THE SPECIFIC PROGRAM (RIDING, DRIVING, GROOMING, SUMMER CAMP, ETC.) MAY BENEFIT THE APPLICANT:**

<b>HOW OFTEN SHOULD THIS FORM BE UPDATED?</b>	<b>YEARLY</b>	<b>EVERY 2 YEARS</b>	<b>EVERY 5 YEARS</b>	<b>NEVER</b>
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In my opinion, this patient is eligible for the program being applied to at SARI Therapeutic Riding. I understand that this patient will receive an assessment by a physical, occupational or speech therapist. This process will be done to determine suitability for programs with respect to applicant's physical and cognitive abilities and/or limitations in performing exercises and activities around horses.

<b>PHYSICIAN'S NAME (PRINT)</b>	<b>PHYSICIAN'S OFFICE STAMP</b>
<b>PHYSICIAN'S SIGNATURE</b>	
<b>DATE</b>	

SARI treats all personal information as confidential and does not release it to any other organization. Any information provided may be used to decide on this patient's suitability for riding and help provide a better quality individualized program for the patient.

**Mail form to: SARI Therapeutic Riding, 12659 Medway Road, Arva ON, N0M 1C0  
For further information, please contact the SARI office at 519-666-1123. Thank you!**