



Initial Client Interest & Evaluation Form

Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

How did you hear about Triple H Ranch & Therapeutic Horsemanship?

Has the client ever ridden a horse? Yes No Has the client been around large animals? Yes No

If yes, to what extent: _____

Check one: _____ Therapeutic Riding (unmounted & mounted) OR _____ Ground Work (unmounted) only

Goals:

Method of Payment: Private _____ 3rd Party _____

Initial Assessment of Physical Ability:

Ambulatory Ability: _____

Range of Motion: _____

Adaptations: _____

Balance Assessment: _____

Allergies: Yes No if yes: _____

Behavior/Safety Concerns: _____

Helmet Size: XS S M L XL

Recommendations:

Horse: _____

Tack: _____

Reins: _____

Mounting: _____

Dismounting: _____

Volunteer Assistance: Leader Sidewalker 1 Sidewalker 2

If Sidewalker(s), what assistance/hold needed: _____

Notes:

Suggested Class Day: _____ Suggested Class Time: _____