



Northern Virginia Therapeutic Riding Program, Inc.  
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269  
www.NVTRP.org

## Client Paperwork Checklist

Please use this checklist to ensure that all forms have been completed correctly. All clients must have a complete set of correctly filled out Client paperwork on file in the office. For current clients, new forms are due the beginning of each year. Participation in program activities and therapies cannot occur until all forms have been received and processed. Please note we cannot accept partially completed forms.

**Please complete the forms listed below:**

### **NVTRP Core Packet**

#### ***Emergency Treatment Release (p. 1)***

- Complete all requested information. Use N/A for any line that is not applicable.
- Complete the Consent OR Non-consent section at the bottom of the page. Sign and date the chosen section.

#### ***Client Information (p. 2)***

- Complete all requested information. Use N/A for any line that is not applicable.
- Sign and date on the bottom of page.

#### ***Seizure Information (p. 3)***

- Complete all requested information.
- If client does not have seizures, check appropriate box.
- Sign and date on the bottom of page.

#### ***Policies & Procedures (p. 4-5)***

- Check each box after reading.
- Sign and date at the bottom of the page.

#### ***Release & Hold Harmless Agreement / News & Photo Release (p. 6)***

- Sign and date the Release and Hold Harmless section.
- Check the DO or DO NOT grant permission box.
- Sign and date the News and Photo Release section.

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### **Medical Packet - Separate Attachment**

#### **Client Medical History & Physician's Statement**

- Completely filled out, signed and dated only by the participant's physician. NVTRP can only accept this form. We are unable to accept other forms even if they have similar information listed.

#### **Therapist Statement**

- Completely filled out by participants PT, OT, SLP, or other.
- If participant does not currently work with a therapist, please mark N/A and sign and date.

#### **Prescription**

- Required for NVTRP Occupational and Physical Therapy participants only.



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## Emergency Treatment Release Form

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Caretaker Name: \_\_\_\_\_ Caretaker Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs. Seizures: ☐ Yes ☐ No  
Please check one

Diagnosis: \_\_\_\_\_

**\*Please list any allergies**

A) None: \_\_\_\_\_ B) List: \_\_\_\_\_

**\*Please list any medications (include prescriptions, over the counter; name dosage frequency)**

A) None: \_\_\_\_\_ B) List: \_\_\_\_\_

### Emergency Contact Information

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Primary Physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### READ INFORMATION BELOW CAREFULLY AND ONLY SIGN ONE OF THE BOXES

#### Consent Plan

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of NVTRP, the undersigned authorizes NVTRP to:

- ☐ Secure and retain medical treatment and transportation if needed.
- ☐ Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication, anesthetic, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of parent or guardian if under 18

#### Non-Consent Plan

I do **not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of NVTRP.

- ☐ Parent or legal guardian will remain on site at all times during equine assisted activities
- ☐ In the event of an emergency treatment/aid is required; I wish the following procedure to take place: \_\_\_\_\_

**Non-Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of parent or guardian if under 18



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## Client Information

### Client Information

Client Name: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Sibling's Name(s): \_\_\_\_\_

### Client currently receives the following therapies (please check all that apply):

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Other \_\_\_\_\_

### Client used to receive the following therapies (please check all that apply):

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Other \_\_\_\_\_

### Describe abilities/difficulties in the following areas (include assistance required or equipment needed):

**Physical Function** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

\_\_\_\_\_

**Psycho/Social Function** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

\_\_\_\_\_

**Goals** (i.e. Why are you applying for participation? What would you or your child like to accomplish?)

\_\_\_\_\_

Please alert the NVTRP staff of all changes, new progress, or issues that arise with client's health.

**Signature:** \_\_\_\_\_

*Signature of parent or guardian if under 18*

**Print Name:** \_\_\_\_\_

*Parent or guardian if under 18*

**Date:** \_\_\_\_\_



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## Seizure Information

Client Name: \_\_\_\_\_

Please fill out this information about any seizure disorder so that NVTRP can most safely and effectively serve you. If no seizures are present, **please check the appropriate box and sign at bottom.**

- ☐ The client has seizures. (Answer 1-7)  
☐ The client does not have seizures. (Skip 1-7)

1. What type of seizures does the client have?

\_\_\_\_\_

2. Describe their typical aura.

\_\_\_\_\_

3. The client's typical motor activity during the seizure is:

\_\_\_\_\_

4. The average duration of the client's seizures is:

\_\_\_\_\_

5. How does the client feel and behave after having had a seizure and how long does this last?

\_\_\_\_\_

6. What does the NVTRP staff need to do should a seizure occur while the client is at the center?

\_\_\_\_\_

7. Is there anything else that we need to know about the client's seizure disorder?

\_\_\_\_\_

*By signing this form, you are recognizing the fact that you will notify NVTRP's Program Director, and the client's riding instructor or therapist, if the client's seizures have changed in frequency or type of seizure. We also need to be informed if the client has had a seizure the day of their riding lesson.*

**Signature:** \_\_\_\_\_

*Signature of parent or guardian if under 18*

**Print Name:** \_\_\_\_\_

*Parent or guardian if under 18*

**Date:** \_\_\_\_\_



## Policies & Procedures

*Please read and check each of our policies to indicate that you have read and accepted each policy. Once completed, sign and return to NVTRP. Please keep a copy in your files for future reference.*

**Client Name:** \_\_\_\_\_

### 1. Forms and Payment

- ☐ The session fee is a flat fee based on the number of scheduled sessions and is non-refundable.
- ☐ One-day event fees are also non-refundable. Camps may have partial refunds if notified by posted due dates.
- ☐ All completed forms and the agreed payment must be submitted before client can participate in a session, camp or event.
- ☐ For our weekly services we offer two payment options, one payment in full at the time of registration or two scheduled payments. A minimum payment of 50% of the session fee is expected and due with registration. Full balance must be paid by the published second payment due date.
- ☐ A late fee of \$20 will be added to the registration fee if not paid by the established due date. A late fee of \$20 will be added to the second payment if not paid by the established due date.
- ☐ Clients receiving scholarships, (VA Birth Injury Fund, Air Warrior Courage Foundation, NVTRP Scholarship etc.) need to establish payment arrangements with the Program Director at the time of registration. If scholarship funds do not fully cover tuition, the client is responsible for all outstanding fees.
- ☐ If a client signs up after the start of a season, payment is due before the start of the first session.
- ☐ Some insurance companies provide coverage for therapy sessions with an occupational therapist or physical therapist. If this applies to the client, the client will need to pay NVTRP out-of-pocket and handle reimbursements directly with the insurance company. NVTRP does not bill insurance companies.

### 2. Arrival Time

- ☐ Plan to arrive **at least 5** minutes before the start of the lesson.
- ☐ If arriving after all other clients have been mounted and are in the ring, we cannot guarantee that you/your client will be put on a horse. You may forfeit the session. (Late arrival disrupts the lesson in progress.)
- ☐ Please drive slowly into and in the parking lot at the farm. Be alert to cars, people and animals in the vicinity of the driveway.

### 3. Clothing

Clients must always come to his/her lesson with the following items:

- ☐ An American Society for Testing Materials (ASTM-SEI) approved riding helmet, with tags/sticker for verification. Must be manufactured within the last 5 years.
- ☐ Long pants (riding pants/tights or cotton stretch pants preferred). Jeans or slippery athletic pants are not recommended.
- ☐ Close-toed shoes that also cover the heel. Shoes with a raised heel and that cover the ankle are preferred. Crocs or any type or flip flops are not allowed.

### 4. Inclement Weather

- ☐ **Only** in cases of **extreme** weather will lessons be canceled. NVTRP will contact clients by email and phone at least 2 hours before scheduled session.
- ☐ Each season includes a number of sessions that will be unmounted therapy or horsemanship training. NVTRP will hold no more than a quarter of the full season as unmounted sessions. If the designated number is reached, the session will be canceled and rescheduled from then on if weather is too harsh for riding.
- ☐ If it is raining, please come to your session, unless otherwise advised. If you choose not to come and sessions are held, the session will be forfeited.

### 5. Cancellations and Missed Sessions or Events

- ☐ If NVTRP cancels a session or event due to inclement weather or other limitations, we **will** provide a make-up option. All reasonable attempts will be made to notify clients in a timely manner.



## Policies & Procedures

Client Name: \_\_\_\_\_

- ☐ If you are unable to attend a scheduled session, please make every effort to notify NVTRP 24 hours in advance by calling us at 703-764-0269 or sending an email to [otaylor@nvtrp.org](mailto:otaylor@nvtrp.org). Sufficient notice is needed so that we can communicate with staff and volunteers.
- ☐ Based on our flat rate fee, client cancellations are non-refundable. We do not offer make ups for group sessions, camps or one day events.
- ☐ Privates or therapy sessions are allowed one personal make up per season with that make-up to be taken within the season. Make-ups do not roll over to a new season. If a client cancels or misses a make-up session, that make up is forfeited.

### 6. Update Information

- ☐ **Please inform us on any change in the client's health. Immediately advise the instructor, therapist or the Program Director at 703-764-0269.** The program staff and instructors must have current information on all elements of the client's condition in order to be able to provide the most effective instruction or treatment and ensure the safety of all clients.
- ☐ Please keep your contact information up to date by notifying your instructor or the Program Director of any changes to ensure you receive information on sessions and current events.

### 7. Age & Weight

- ☐ Due to the size of our horses, and the safe load for them to carry, we must restrict the weight of our clients to 225 lbs. Please let us know if you/your client exceed this limit.
  - Please note that each individual client is evaluated to determine whether riding is a suitable activity. As a result, riding may not be appropriate even though the client's weight is within the weight limit.
- ☐ Therapy clients must be at least 2 years old. Clients participating in any other activities must be at least 4 years old. There is no maximum age limit as long as physical status is appropriate for the activity or therapy.

### 8. Visitors During Lessons

- ☐ All siblings or friends of the client must stay within the designated area. Children must be supervised by an adult at all times. These requirements are necessary for everyone's safety from the inherent hazards in and around equine facilities. If appropriate supervision is not provided or becomes an ongoing concern, the sibling(s)/friend(s) will be asked to leave.
- ☐ Use the playground area for play. Please keep sound level to a minimum. Balls, frisbees or anything else that could accidentally roll into the riding arena are prohibited.
- ☐ Smoking, drugs, alcohol and firearms are prohibited.
- ☐ No dogs allowed on the property.

### 9. Grounds for Dismissal

Clients may be discharged from activities based upon, but is not limited to, the following reasons:

- ☐ The client's condition has worsened, and the condition is now considered a contraindication.
- ☐ The client exhibits behavioral, physical or emotional change that we deem to be unsafe.
- ☐ The client now exceeds the weight limit.
- ☐ Excessive no shows or late arrivals to sessions with no prior notice.
- ☐ The client is under the influence of drugs or alcohol.
- ☐ Any reason the staff has concluded that participation in NVTRP's equine-assisted activities and therapies is no longer an appropriate activity for the client.

*I have read and understand the basic rules and policies under which the Northern Virginia Therapeutic Riding Program operates, and by my signature indicate my willingness to abide by these rules:*

**Signature:** \_\_\_\_\_

*Signature of parent or guardian if under 18*

**Print Name:** \_\_\_\_\_

*Parent or guardian if under 18*

**Date:** \_\_\_\_\_



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**Client Name:** \_\_\_\_\_

## Release & Hold Harmless Agreement

In consideration of receiving permission from the Northern Virginia Therapeutic Riding Program, Inc. (referred to as “the Program”) to participate in or observe equine-assisted activities and therapies and in further consideration of receiving permission to enter upon the Program property or other premises upon which the Program’s activities may be conducted, the undersigned and his/her family, heirs and assigns hereby forever release, acquit, discharge and hold harmless the Program, as well as its officers, governors, staff, agents, instructors, volunteers, contributors and any property or horse owners affiliated with the Program of and from any and all liability, claim, loss, damage, illness, injury, or death that may be sustained by any of the undersigned while in or upon the premises while participating in or observing activities or while traveling to or from the premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While the Program makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon the premises and expressly and knowingly assumes these risks. The undersigned shall explain the potential for these hazards and risks to others that may accompany or substitute for him/her at activities sponsored by the Program. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned shall release and hold harmless the Program, its officers, trustees, agents, instructors, volunteers, contributors, and other property or horse owners affiliated with the Program of and from any and all liability, claim, loss, damage, cost, charge, and demand of any kind, including attorney’s fees and any related costs, arising either from the improper or negligent use by the undersigned of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of the undersigned.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature of parent or guardian if under 18* *Parent or guardian if under 18*

## News & Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to the Northern Virginia Therapeutic Riding Program, Inc to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes the Northern Virginia Therapeutic Riding Program, PATH Intl., news media, and any other persons interested in the subject of equine-assisted activities and therapies and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Northern Virginia Therapeutic Riding Program to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of equine-assisted activities and therapies and its work.

- ☐ **I DO grant permission.**  
☐ **I DO NOT grant permission.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature of parent or guardian if under 18* *Parent or guardian if under 18*