



The Carriage Barn Equine Assisted Therapy Programs

Mailing Address:
C/O 8 Sarah's Way
Newton, NH 03858

Facility Address:
Portsmouth, NH
(by appointment)

Phone: 603-378-0140
Fax: 603-974-0779
carriage-barn@comcast.net
www.carriage-barn.com

A 501c3 Not-For-Profit Organization

Dear

Thank you for your interest in The Carriage Barn Equine Assisted Therapy Programs.

Enclosed is information about our programs, an application and medical form. Please fill out the application and ask your doctor to complete the medical form. When we receive these completed forms, we will process your application and contact you regarding our ability to meet your needs and space availability.

Please contact me if you have any questions or would like to schedule a time to tour our facility and meet our staff. We look forward to hearing from you!

Sincerely,

Michele Shepherd
Business Manager



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Participant's Application and Health History

GENERAL INFORMATION

Client Name: _____

DOB: _____ Age: _____

Sex: _____ Height: _____ Weight: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Email: _____

Physician: _____ Phone: _____

Employer / School: _____

Address: _____ Phone: _____

Parent / Legal Guardian: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Referral Source: _____

Contact Numbers: _____

How did you hear about the program? _____

Interested in:

Therapeutic Riding
Therapeutic Carriage Driving
Hippotherapy

Equine Assisted Psychotherapy
Not Sure

Client Name: _____

HEALTH HISTORY

Please indicate current or past problems in the following areas:

| | Y | N | Comments |
|----------------------|---|---|----------|
| Vision | | | |
| Hearing | | | |
| Sensation | | | |
| Communication | | | |
| Heart | | | |
| Breathing | | | |
| Digestion | | | |
| Elimination | | | |
| Circulation | | | |
| Emotional | | | |
| Behavioral | | | |
| Pain | | | |
| Bone / Joint | | | |
| Muscular | | | |
| Thinking / Cognition | | | |
| Allergies | | | |

What medications are you currently taking, including over-the-counter medications?

Describe your abilities / difficulties in the following areas (including assistance / equipment required)
FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving / bus riding)

Client Name: _____

SOCIAL (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 like to accomplish?)

EMERGENCY INFORMATION / RELEASE FORM

Client Name: _____ DOB: _____

Physician's Name: _____

Health Insurance Company: _____

Allergies to medications: _____

Current medications: _____

In the event of emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In signing this application, the Undersigned (& parent / guardian if a minor) agrees to the following:
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: The Carriage Barn will render basic first aid as needed, but is not liable for any medical services that may be needed. Any medical services that may be needed are the sole responsibility of the Undersigned. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Undersigned for any illness or injury, as deemed appropriate by qualified medical personnel.

RELEASE AND HOLD HARMLESS: Whereas, the Undersigned, acknowledges the inherent risks involved in riding & working around horses, which risks include bodily injury & death, from using, riding or being in close proximity to horses, among other risks & further, that both horse & Driver can be injured in normal use or in competition & schooling. In consideration, therefore, for the privilege of riding and/or working around horses at The Carriage Barn, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Ann Miles, and Peverly Hill Stables. Further the Undersigned releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned any premises during the clinic.

ALSO, in signing this application the parent / guardian agrees to the following:
Any damage caused by the Undersigned's disregard of instructor / staff instructions must be paid for by the Undersigned. The Carriage Barn will not assume liability for loss / damage of Undersigned's property.
Permission is also given here for use of photographs and / or video of Undersigned in Carriage Barn publicity, unless otherwise noted in advance.

Date: _____ Signature: _____

Parent or Legal Guardian if Minor



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Participant's Medical History and Physician's Statement

Date: _____

Dear Physician:

Your patient, _____, is interested in participating in supervised equestrian activities at The Carriage Equine Assisted Therapy Programs, a Member Operating Center of PATH (Professional Association of Therapeutic Horsemanship, International).

In order to safely provide this service, we request that you complete/update the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine assisted therapeutic activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Thank you very much for your assistance. Please include any additional evaluations that would be helpful in determining the patient's appropriateness for this program. If you have any questions or concerns regarding this patient's participation in equine assisted therapeutic activities, please feel free to contact The Carriage Barn.

Sincerely, _____

ORTHOPEDIC

AtlantoAxial Instability – include neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

NEUROLOGIC

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered
Cord/Hydromyelia

OTHER

Age – under 4 years
Indwelling Catheters
Medications – i.e. photosensitivity
Poor Endurance
Skin Breakdown

MEDICAL/PSYCHOLOGICAL

Allergies
Animal Abuse
Physical / Sexual / Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Setting
Heart Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorders

Participant's Medical History and Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Down Syndrome: AtlantoDens Interval X-rays, Date: _____ Result: + -

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following systems / areas, including surgeries:

| | Y | N | Comments |
|---------------------------|---|---|----------|
| Auditory | | | |
| Visual | | | |
| Tactile Sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Integumentary / Skin | | | |
| Immunity | | | |
| Pulmonary | | | |
| Neurologic | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Cognitive | | | |
| Emotional / Psychological | | | |
| Pain | | | |
| Other | | | |

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (i.e.: PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name / Title: _____ **MD DO NP PA Other** _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN # _____



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Equine Facilitated Therapy Programs

The Carriage Barn Equine Assisted Therapy Programs seek to enhance physical, psychological, cognitive, and emotional healing and strengthening through equine activities. We believe that a quiet, natural, outdoor setting provides a serene learning environment. Horses can provide opportunities for a unique relationship that nurtures and empowers their human partners in a way that brings new insights, self-confidence, improves communications, and relaxation.

Therapeutic activities can also improve flexibility, balance, muscle strength, coordination, memory, sequencing, attention span, and self-awareness. Our programs use a team approach to help each participant maximize the benefits of their equine relationship. Participant, therapist / instructor, and horse are this team.

The Carriage Barn Equine Assisted Therapy Programs offer equine facilitated therapy programs throughout the year. The Carriage Barn is a Professional Association of Therapeutic Horsemanship, International (PATH, formerly NARHA) Operating Center member and adheres to the standards of this association. Our facility includes outdoor paddocks and an outdoor arena to conduct equine activities in a comfortable and safe environment.

Candidates for the program, along with parent or guardian (for participants under 18) and caregivers / aides as needed, will first meet with an instructor to review medical information and determine the client's needs. This Initial Evaluation would include an orientation to the program, the horses, and our facility. Working around horses has inherent risks. Each participant and horse need to be able to accommodate each other for safety reasons. We want to ensure that the experience will benefit the participant's particular needs. For example, those with agitated, aggressive, or abusive behaviors would not be appropriate for this program. When a participant is accepted into the program, individual goals are determined with the participant, the referring therapist (if applicable), the program therapist (if applicable), and the equine instructor to maximize the experiential learning that takes place during the sessions.

Participants will work directly with one or more instructor(s). Volunteers are trained to lead the horse and "sidewalk" during riding sessions when needed. All staff members are committed and sensitive to confidentiality for participants.

Therapeutic Riding

The Therapeutic Riding Program seeks to improve physical strength and conditioning, and cognitive abilities as well as self-confidence, communication, relaxation, and recreation. According to PATH, research shows that students who participate in therapeutic riding benefit physically, emotionally, and mentally. Because horseback riding gently and rhythmically moves the rider's body in a manner similar to a human gait, riders often show improvement in flexibility, balance, muscle strength, coordination, postural alignment, increased range of motion, and relaxation of tone. The benefits of therapeutic riding have been recognized by many medical professionals, including occupational, physical, speech, mental health, and recreational therapists.

Therapeutic Carriage Driving

Therapeutic Carriage Driving gives participants an alternative to riding, opening up the world of horses to those who may be unable to ride due to weight, balance, fatigue, allergies, asthma, fear of heights, the inability to sit astride, or other issues. It can also provide the client with a unique movement experience. Therapeutic Carriage Driving is about imparting knowledge of safety, horses, harnessing, and driving skills using teamwork. The benefits of therapeutic carriage driving include improved physical strength & conditioning, cognitive abilities, self-confidence, communication, flexibility, balance, coordination, postural alignment, range of motion, relaxation, recreation & socialization.

Hippotherapy

Hippotherapy is a term that refers to the use of the movement of the horse as a treatment tool by Physical Therapists, Occupational Therapists, and Speech-Language Pathologists to address impairments, functional limitations, and disabilities in patients with neuromusculoskeletal dysfunction. Hippotherapy is used as part of an integrated treatment program to achieve functional outcomes. In hippotherapy, the patient engages in activities on the horse that are enjoyable and challenging. In the controlled environment, the therapist modifies the horse's movement and carefully grades sensory input. Specific riding skills are not taught, but rather a foundation is established to improve neurological function and sensory processing. This foundation can be generalized to a wide range of daily activities.

Equine facilitated Psychotherapy

The Equine Facilitated Psychotherapy Program is designed to enhance participants' coping skills and help with psychological and emotional healing through equine activities. Equine facilitated Psychotherapy had been found to help with depression, low self-esteem, learning disorders, anxiety, attention disorders, body image disorders, post traumatic stress disorder, and in the recovery from addictions. This program also includes therapeutic riding when appropriate with the opportunity for physical, cognitive, and emotional benefits as mentioned in the Therapeutic Riding Program. Participants in this program will work with an experienced, licensed mental health professional and an equine instructor (possibly the same person).

The Carriage Barn Equine Assisted Therapy Programs

Therapeutic Programs Application Process

The application process is designed to help determine that participation in our programs will be safe and beneficial for each person.

1. To begin the process, you may choose to visit The Carriage Barn's facility. Call (603) 378-0140 or email carriage-barn@comcast.net to arrange an appointment. Many find it helpful to visit when they can observe a therapeutic lesson.
2. If you are ready to seek admission to one of the programs, we will send you a packet of information that includes an application and a medical history / physician statement.
3. When we receive a completed application package, we will contact you and arrange an "Initial Evaluation". We will let you know days and times we currently have open. If you would like to reserve a day / time, we will request an appropriate deposit. If we do not have a day / time available to accommodate your schedule, you may choose to add your name to our waiting list. You will be contacted when we can accommodate your schedule and continue the application process.
4. At the Initial Evaluation you will meet with an instructor to review medical, social, and background information. This interview would include the participant, parent or guardian (for participants under 18), and any caregivers (as needed). The Initial Evaluation will provide an orientation to the programs, the horses, and our facility. Please Note: The client should not expect to participate in actual equine related activities during the evaluation.
5. The instructor may need to consult with health professionals or teachers for further information. Working around horses has inherent risks. Participant and horse need to be able to accommodate each other for safety reasons. We want to ensure that the experience will benefit the participant's particular needs. For example, those with agitated, aggressive, or abusive behaviors would not be appropriate for this program.
6. When a candidate is accepted into the programs, you will receive notification via mail, email, or telephone. If you have paid a deposit to hold your lesson time, you are ready to start!

The application process usually takes two to three weeks from beginning to end. Once an individual is enrolled in one of the programs, specific goals are determined with the participant / parent, the referring therapist and program therapist (if applicable), and the riding instructor to maximize the experiential learning that takes place during the sessions.

Questions about the process? Please contact The Carriage Barn office at (603) 378-0140, or via email at carriage-barn@comcast.net.

The Carriage Barn Equine Assisted Therapy Programs

Fees Schedule & Scholarship Policy

(Revised September 2012)

| <u>Therapeutic Riding</u> | <u>Group</u> (up to 4) | <u>Private</u> |
|-------------------------------|---------------------------|----------------|
| Initial Evaluation | \$80 | \$80 |
| One Hour (Groom and Ride) | \$60 | \$80 |
| One-Half Hour (Groom or Ride) | \$40 | \$60 |

Therapeutic Carriage Driving

| | |
|-----------------------|----------------------|
| Initial Evaluation | \$80 |
| Per Person Per Lesson | \$70 (approx 1 hour) |

Hippotherapy (with Therapist – OT, PT, Speech, etc)

| | |
|----------------------|--|
| Initial Evaluation | \$160 |
| Hippotherapy Session | \$40 per unit (approximately 15 minutes) |

(Note: Most Hippotherapy will be billed through Therapy in Motion, LLC)

****Please note – charges for Initial Evaluations are the responsibility of the client and are due at the time of the evaluation.****

Deposit / Payment:

A deposit is due with registration for each session.

Clients will be billed on a monthly basis, unless other arrangements are made with the program's Business Manager. Monthly payment is due at the time of the first lesson of each month. Clients who pay for the entire session in full at least one week prior to the first lesson of the session will receive a 5% discount.

Scholarships:

A limited amount of scholarship funds may be available. Apply by submitting income information for the past two years (copy of tax returns and supporting documents) and a letter to The Carriage Barn Equine Assisted Therapy Programs, Scholarship Selection Committee, stating reasons for requesting a partial or full scholarship. The letter should also include what level of payment the applicant feels they can make. Scholarship requests will be reviewed by the committee prior to each Therapy Session.

The Carriage Barn Equine Assisted Therapy Programs

Cancellation / Makeup Policy

(Revised March 2012)

Cancellations made at least 48 hours in advance of the lesson time will qualify for Makeup lessons without further penalty. The original lesson payment must be current to qualify for a Makeup lesson. Makeup lessons will be scheduled with the instructor as time allows.

Advanced notice of scheduling conflicts, vacations, etc can be emailed to carriage-barn@comcast.net. **Please do not email notification of cancellations that are within 48 hours of the scheduled lesson time.**

All cancellations within 48 hours of the lesson time should be reported to The Carriage Barn at (603) 378-0140 and / or to your instructor directly. If leaving a message, please leave sufficient information, i.e.: client name, instructor, lesson time, the day & time you are calling, and a call back number. Please contact the office as soon as you know that you will need to cancel a lesson.

Any cancellations given within 48 hours of the lesson time will be subject to forfeiture of the lesson (fees due in full) and / or a cancellation fee if a makeup lesson is requested. Cancellations made within 48 hours of the lesson time may be rescheduled and assessed a fee in addition to the original lesson payment as follows:

Between 24 and 2 hours -- \$5
Between 2 hours and 15 minutes prior -- \$10
Within 15 minutes of lesson time -- \$15
No notice / No show -- \$25

Clients are responsible for full payment of cancelled lessons and any additional fees before Makeup lessons can be scheduled. Emergency cancellations will be handled at the discretion of Management.

Lessons cannot be shifted for late arrivals. If a rider is late, the lesson time will not be extended into the next lesson slot. If a rider is more than 15 minutes late, the lesson will not be given and the rider will be considered a "No Show".

If a client has three consecutive cancellations or "no shows", Management reserves the right to offer that time to another client on a permanent basis.

If a lesson is cancelled by Management, every effort will be made to provide an alternate instructor, reschedule the lesson (as space is available), or the client will receive a credit toward a lesson in the following month.

Management reserves the right to remove any rider from the schedule that has a balance that is more than 30 days past due.