



Hippotherapy Interest Form

Please complete and mail original to:
Chesapeake Therapeutic Riding
P.O. Box 475
Abingdon, MD 21009

Date: _____

Name: _____

Home Phone: _____

Address: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Other phone: _____

Client's name: _____

Birthdate: _____

Height: _____ Weight: _____

How did you learn about CTR? _____

Diagnosis and Health Synopsis: _____

Medications: _____

Allergies: _____

Mobility Status: Independent _____ Dependent _____ Needs assistance _____ equipment: _____

Prior involvement/experiences with therapeutic riding, hippotherapy or equine assisted activities:

Current availability: (weekday morning/afternoon/evening, Saturdays; Please be specific with hours)

PLEASE COMPLETE PAGE 2 OF THIS FORM LOCATED ON THE BACK

Are you available now? _____ If not, when? _____

_____ No _____ Yes

Additional Information:

Availability

	Morning hours		Afternoon hours		Evening hours	
Example:						
Tuesday	9:00 - 11:00					
Wednesday			1:30 - 4:30			
Friday					5:00 - 8:00	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						