



Rider Intake Assessment

Date:

Name:

Age:

Weight:

Height:

Ambulatory:

Verbal:

Primary Diagnosis:

Parent/Caregiver Name:

Seizures History:

Horse used for intake:

Ground Work

- | | | |
|--|--|--|
| <input type="checkbox"/> Eye contact on greeting | <input type="checkbox"/> Touches horse | <input type="checkbox"/> Appropriate responses |
| <input type="checkbox"/> Holds brushes | <input type="checkbox"/> Brushes horse | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Willing to lead horse | <input type="checkbox"/> Apprehension | <input type="checkbox"/> Will wear helmet |

Mounted work

- | | | | | |
|---|--|--|--------------------------------------|--------------------------------|
| Mounts: | <input type="checkbox"/> At ramp | <input type="checkbox"/> At block | <input type="checkbox"/> Traditional | <input type="checkbox"/> Crest |
| <input type="checkbox"/> Holds reins | <input type="checkbox"/> Pulls on rein to halt | <input type="checkbox"/> Direct reins (both sides) | | |
| <input type="checkbox"/> Says "Walk on" | | <input type="checkbox"/> Says "whoa" | | |
| <input type="checkbox"/> Sits tall | | <input type="checkbox"/> Follows directions | | |

Dismounts Traditional to ground Crest Other

Volunteers Needed Leader 1 Sidewalker 2 Sidewalkers

Available days and times to ride: