



# SIRE

## Houston's Therapeutic Equestrian Center

24161 Spring Dr. \* Hockley, TX 77447 \* 281-356-8947588 \* Fax 281-356-9462

*SIRE is fully accredited by North American Riding for the Handicapped Association (NARHA)*

Dear Prospective Client:

We welcome your interest in our program. SIRE is one of approximately 750 therapeutic riding centers which are members of the North American Riding for the Handicapped Association (NARHA). SIRE is fully accredited by NARHA and has been providing therapeutic riding to individuals with physical and mental disabilities in the Houston area since 1983. SIRE is a 501(c)(3) non-profit organization.

In order to provide the best therapeutic benefit and the safest environment to our clients, SIRE has established some minimal guidelines for acceptance into the SIRE program. First, it is preferred that clients be at least 3 years of age. SIRE will accept clients as young as 30 months if the client exhibits head control and emerging trunk control. Secondly, clients who ride independently must weigh no more than 200 lbs., and a client who requires a backrider must weigh no more than 75 lbs.

If the client meets these criteria, here's how to register. First, complete the enclosed forms. Be sure that all forms are dated with the same date as the date your doctor signs the Client Medical History and Physician Statement form. The Client's Medical History must be completed, signed and dated by the client/parent or guardian. The client's Physician will need to complete, sign and date the Physician's Statement portion. It often takes a little time to get this done, so we recommend that you pursue this right away. All forms must be completed and returned before you or your child can be enrolled. Once you are in our program, all forms are required to be renewed annually based on the date of the physician's signature on the Client Medical History and Physician Statement form.

Please mail the completed forms along with a **\$50 fee** payable to SIRE, Inc. The \$50 fee includes a registration fee and covers the cost of the therapist's evaluation. Upon receipt of the completed forms and the \$50 fee, you will be contacted to set up an appointment for your therapy evaluation. Potential clients **DO NOT** ride a horse at the initial evaluation. Please review the attached list of contraindications. If the client has one or more of these conditions, therapeutic riding is not recommended. The therapist will not approve the client's enrollment, and the \$50.00 fee is not refundable. Please call if you have any questions concerning these contraindications.

Finally, upon completion of the evaluation, the client will be placed on a waiting list. You will be contacted when a riding time becomes available.

SIRE now offers classes in three locations, Hockley, Spring and Sienna Stables. There is a place on the Class Availability Form to mark the location of your choice. Maps with directions to all sites can be found on SIRE's website [www@sire-htec.org](http://www@sire-htec.org).

In this packet, you will find other useful information about our program, goals, tuition and fees, as well as other information. Particularly important is the SIRE Guidelines please retain for future reference and mail the completed forms and fees to the address above.

We look forward to working with you and your rider.



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## PROGRAM OVERVIEW

SIRE is staffed with Therapists who evaluate the needs and abilities of each client and provide guidance to the instructors. The NARHA Certified instructors develop and follow lesson plans designed to benefit the clients with whom they work. The horse leaders and sidewalkers volunteer their time to insure the safety of the clients.

## PROGRAM GOALS

**Therapeutic Riding** – Based on individual needs, the goals of the program are for the client to improve his or her:

Muscle Tone	Muscle Strength
Range of Motion	Balance
Rhythm	Coordination
Attention Span	Sensory Awareness
Spatial Organization	Sequential Performance
Judgment	Reasoning

**Hippotherapy** - Based on therapy goals with one on one treatment by a therapist to improve the clients:

Gross and fine motor skills	Sensory integration
Postural control	Communication skills
Bilateral motor coordination	Visual motor skills

**Horsemanship Skills** – Based on individual needs and site limitations, clients may develop the following skills:

Reining	Posting to trot
Cantering	Driving
Vaulting	Horse handling/ground skills
Stable Management	

**All Students** – For every client, the goals of the program include:

Enhancing functional skills	Developing Self Esteem
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**Competition** - Based on individual goals, the program offers the opportunity to participate in one of the following:

SIRE Show-Off	Top Hands Horse Show
Special Olympics	Driving Competitions



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## Precautions and Contraindications

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Please review this information, and if present, contact SIRE for more information.

### **ORTHOPEDIC**

Atlantoaxial Instability –  
    Include neurologic 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 3 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  
Exacerbation's of medical conditions  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder



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## SIRE CLIENT GUIDELINES

**Please note: Keep Guidelines handy as they contain important information about the SIRE program.**

**Sessions:** SIRE offers two 12 to 14 week sessions, one in the Fall and one in the Spring. The Summer Session is a 6-week program that requires separate registration, due in mid May each year. A calendar of scheduled riding days for the current session is available.

**Lessons:** Based on the needs and abilities of a client, an individualized program will consist of Hippotherapy, Developmental riding or Riding skills. A client may be assigned to participate in a(n):

1. Group Lesson - Two to four students with one instructor. These lessons are approximately 45 minutes in length.
2. Individual Lesson - One student with one instructor or therapist. These lessons are approximately 30 minutes in length.
3. Hippotherapy - One student with one therapist. These sessions are 1 hour in length with therapy before and/or after the mounted segment. Available at the Hockley Site only.

In some cases, lesson times may be shortened to accommodate a client's special needs.

**Tuition & Fees:** Tuition and fees are payable to SIRE, Inc. and should be placed in the appropriate areas at each site (check with your instructor) or mailed to:

**SIRE, Inc.  
24161 Spring Drive  
Hockley, TX 77447**

Tuition: Developmental or riding skills classes are **\$45** per session. Hippotherapy is **\$84** per session. (Example: 14-week semester of Developmental or Riding skills classes is **\$630**) tuition may be paid in full or in three monthly installments.

Registration forms must be renewed annually by all clients actively participating in the SIRE program. If you have any questions regarding tuition payments or fee schedules, please contact Deborah Gottselig, the Office Manager, at (281) 356-7588 Ext. 205.

**Reduced Tuition:** Reduced tuition is available through the completion of an application which can be requested when you are notified of a ride time.

**Attendance:** Please sign in each week by placing a check mark on the Attendance Sheet by the client's name under the current date.

**When the client will be absent the SIRE Office should be notified 24 hours in advance.**

**Hockley 281-356-7588**

**Spring 281-353-6160**

**Ft. Bend 281-778-0202**

**Ext. 209**



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## **Attendance** continued:

Notified absences are marked "A" next to the client's name corresponding to the date of the scheduled absence.

**Clients who have three absences without prior notification will be dropped from the program.**

A client's enrollment in the SIRE program reserves a place for him/her which otherwise could serve another client. When a scheduled client does not show up for his lesson, volunteers assigned to work with that rider become discouraged and may drop out. This jeopardizes SIRE's program. Medical leave is available by request.

**Punctuality:** It is extremely important for a client to arrive approximately 10 minutes prior to the scheduled riding time. **If a client is late, SIRE cannot guarantee he/she will be able to ride. Once the lesson has begun, the instructor may not be able to leave the other riders unattended to mount late arriving students.**

## **Lesson Cancellation Due to Bad Weather:**

**To determine cancellation, it is the client's responsibility to call the SIRE Office.**

**Hockley 281-356-7588      Spring 281-353-6160      Ft. Bend 281-778-0202**

**Press 4**

**Press 4**

If the canceled lesson is not rescheduled, you may either request a credit for the next session or you may regard it as a donation to SIRE (the horses still eat even when it rains).

## **Clothing for Riders:**

Long pants.

Closed toe shoes or boots, with heels.

ASTM/SEI approved riding helmet (can be supplied by SIRE)

Sunscreen, gloves, and jacket, as needed.

**Parking:** The parking area is marked. Do not park in front of the pasture gates at the Hockley Site.

**Siblings:** If siblings are in attendance with parents of clients participating in class, **parents are responsible for the supervision of these children *at all times***. Noise and lots of activity can distract from the lesson and compromise the safety of our riders. Distractions can reduce the benefit the rider receives from riding.

**Pets:** No personal pets are allowed on the SIRE premises or in cars parked on the premises. Your instructor must approve guide dogs or other assistive animals.

**Conduct at the Site:** It is mandatory that everyone comply with all posted safety rules. Smoking or the use of drugs or alcohol on the property is strictly forbidden. No mistreatment, abuse, or verbal suggestions of abuse of any animal or person will be tolerated. **We reserve the right to ask anyone to leave the premises.**

**Our primary goal is for everyone at SIRE to have a fun, successful experience.**

Please help us achieve this goal.



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## REGISTRATION AND RELEASE FORM

SIRE SITE:  Hockley  Spring  Fort Bend

Client: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ C/S/Z: \_\_\_\_\_ Main

Contact Phone: \_\_\_\_\_ Check here if address or phone has changed recently: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone/Contact Name: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

Address/Phone (if different) \_\_\_\_\_

Employer/School (of client): \_\_\_\_\_

Caregiver (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

### LIABILITY RELEASE

\_\_\_\_\_(Client's Name) would like to participate in the SIRE, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against SIRE, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/ my ward may sustain while participating in SIRE, Inc.

**WARNING** - Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

Client, Parent, or Guardian

### PHOTO RELEASE: (Please indicate your preference by signing your consent or non-consent)

I authorize the use and reproduction by SIRE, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

I **consent** to use of photographs

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

Client, Parent, or Guardian

I **do NOT consent** to use of photographs

Date: \_\_\_\_\_ Signature : \_\_\_\_\_

Client, Parent, or Guardian

**Note: It is the policy of SIRE to protect and preserve the confidentiality of all Protected Information and SIRE will not use or disclose Protected Information without authorization unless disclosure is required by law. Protected Information includes (but is not limited to) names, mailing address, telephone numbers and email addresses.**

**\*\*\* PLEASE COMPLETE QUESTIONNAIRE ON BACK. \*\*\***

FOR SIRE USE ONLY: DATE

CHK #

AMT



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

Do you have any conditions, which might be affected by the weather (heat, cold), the environment (insect allergies, asthma, dirt), or the animals (allergies)?

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Describe your abilities/difficulties in the following areas (include assistance required or equipment)

**FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use)

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

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**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

SIRE SITE:  Hockley  Spring  Fort Bend

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event of an emergency:

contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies, Current Meds: \_\_\_\_\_

### CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize SIRE, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### CONSENT

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will **only** be invoked if the persons listed above are unable to be reached.

Date: \_\_\_\_\_ Consent Signature : \_\_\_\_\_

Client, Parent, or Guardian

### 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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature : \_\_\_\_\_



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## Clients' Medical History and Physician's Statement

• Must be signed by Physician and Client/Parent/Guardian •

Client Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Onset \_\_\_\_\_

\*\* FOR PERSONS WITH DOWN SYNDROME:

Negative Cervical X-ray for AtlantoDens Interval. X-ray date \_\_\_\_\_

Negative for clinical symptoms of Atlantoaxial Instability.  Yes  No

Seizure Type \_\_\_\_\_ Controlled \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Medications \_\_\_\_\_

Shunt Present : Yes No Date of last shunt revision: \_\_\_\_\_

Past/Prospective surgeries: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in the following areas by checking Yes or No. If yes, please comment.

Areas	Yes	No	Comments
Behavioral			
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning			
Psychological			
Other			

Mobility: Independent Ambulation  Yes  No, Crutches  Yes  No, Braces  Yes  No, Wheelchair  Yes  No

► Client/Parent/Guardian Signature \_\_\_\_\_ ◀ Date \_\_\_\_\_

### \*\*\*PHYSICIAN MUST SIGN AND DATE THIS FORM BELOW \*\*\*

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that the NARHA 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 (e.g. PT, OT, Speech, Psychologist, etc.) in the implementing of an effective equine activity program. **Please See Precautions and Contraindications for Important Medical Information.**

Please indicate any special precautions: \_\_\_\_\_

► Physician Signature \_\_\_\_\_ ◀ Date \_\_\_\_\_

Physician Name (please print) \_\_\_\_\_ MD, DO, NP, PA Other \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, ST, Zip \_\_\_\_\_



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## Precautions & Contraindications

Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

### ORTHOPEDIC

Atlantoaxial Instability –  
    Include neurologic 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 3 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 Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
Peripheral Vascular Disease  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact SIRE at the (281) 356-7588 or fax us at: (281) 356-9462.



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## Prescription for Occupational or Physical Therapy

**Client's Name:** \_\_\_\_\_

Prescription where appropriate for evaluation and treatment by an Occupational or Physical Therapist at SIRE.

**Recommended frequency:** 1 X week Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_

### **Precautions:**

Universal precautions; Falls: \_\_\_\_\_

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please Print, Type or Stamp:*

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

NOTE – The prescription form is not required for all clients, only those who receive hippotherapy. If in doubt, please have the physician sign this form also.

**ALL CLIENTS MUST HAVE A PHYSICIAN SIGN THE CLIENTS  
MEDICAL HISTORY AND PHYSICIAN'S STATEMENT FORM (at the  
bottom of the page).**



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

**2009**

Indicate **Site Location, days and times** you are available to ride. This will directly affect appropriate class placement. List your top 3 preferences which will be given every consideration. Most classes will run from 30 - 45 minutes. **Please be as specific as possible on times available.**

**Hockley Site:**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
8:30 - 11						
1 - 3					No Classes	No Classes
4 - 5					No Classes	No Classes
6 - 7					No Classes	No Classes

**Spring Site:**

	Mon.	Tues.	Wed.	Thurs.	Sat.
8:30 - 12					
1 - 4					No Classes
5 - 7					No Classes

**Fort Bend Site:**

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
10 - 12					No Classes	
1 - 3					No Classes	
4 - 7					No Classes	No Classes

Please note if you are interested in Hippotherapy, it is offered at our Hockley site only. Services are provided by a therapist and require a prescription. Please contact Karen Gardner at (281) 356-7588 Ext. 208 for information.