



SIRE

Houston's Therapeutic Equestrian Center

24161 Spring Dr. * Hockley, TX 77447 * 281-356-7588 * 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 enroll. First, complete the enclosed forms. The client's physician will need to complete the Medical History and sign the Physician Release. 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.

Secondly, please send a **\$50.00 fee** payable to SIRE, Inc. along with the completed forms. The \$50 fee includes an enrollment fee and a fee for the therapist's evaluation. Once the completed forms and the fee are received, you will be contacted to set up an appointment for one of SIRE's therapists to evaluate the potential client. 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 two locations, Hockley and Spring. There is a place on the Class Availability Form to mark the location of your choice. Maps with directions to both sites are included.

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.

Mail forms and fees to the address above.

We look forward to working with you and your rider.



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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. **All** riders must complete a new Registration packet before every Fall Session. The Summer Session is a 6 week long program that requires separate registration, and is due in mid May each year. A calendar of scheduled riding days for the current session is available in the Welcome Wagon at Hockley and the parent waiting area at Spring.

Lessons: Based on the needs and abilities of a client, an individualized program will consist of Hippotherapy, Driving, 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. (If an individual lesson is required it is approximately 30 minutes in length.)
2. Hippotherapy - One student with one therapist. These sessions are 1 hour in length with therapy before and/or after the mounted segment.

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
Welcome Wagon Mailbox at Hockley **SIRE, Inc.**
The parent waiting area at Spring **24161 Spring Dr.**
Or mailed to: **Hockley, TX 77447**

Tuition: Driving, Developmental or Riding Skills classes are \$30 per session. Hippotherapy is \$65 per session. (Example: 14-week semester of Developmental or Riding skills classes is **\$420**) may be paid in full or in three monthly installments.

All clients must submit new rider packets annually between June and August. If you have any questions regarding tuition payments or fee schedules, please contact Deborah Gottselig, the Office Manager, at (281) 356-7588.

Reduced Tuition: Reduced tuition is available through a simple process. Please contact Deborah Gottselig for an application.

Attendance: Upon arrival, please go to The Welcome Wagon at Hockley (silver trailer to the left of the arena), or tent at the Spring site and sign in 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 within 24 hours**, if possible. **For cancellations at Hockley, call the SIRE barn at (281) 356-7588 and at Spring, call 281-353-6160.** If a client knows of an absence ahead of time, mark an "A" next to the client's name corresponding to the date of the scheduled absence. If a client is absent without notice, an "X" will be placed by the client's name.

(Continued on other side)

A client's enrollment in the SIRE program reserves a place for him/her which otherwise would be taken by another potential client. When a client who is scheduled to ride does not show up for his lesson, volunteers who were assigned to work with that rider become discouraged and may drop out. This jeopardizes SIRE's whole program. Therefore, **clients who have three absences (3 X's) without notice will be dropped from the program.**

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: Due to having a covered arena, classes will be canceled only in the event of dangerous weather conditions at Hockley. At the Spring Site, weather is more of a determining factor. **To determine cancellation, it is the client's responsibility to call the SIRE Office at 281-356-7588 at Hockley or 281-353-6160 at Spring, (mailbox 4 has weather message at both sites).** 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). Be advised that following a period of heavy rain, Roberts Cemetery Road can flood. If this occurs, use the Hegar Road route to our Hockley site.

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 pasture gates.

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 the barn area can be hazardous. Distractions can reduce the benefit the rider receives from riding.

Conduct at the Site: It is mandatory that everyone complies 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 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.



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REGISTRATION AND RELEASE FORM

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: _____

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

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

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

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?)



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 any of 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 _____

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 indicate any special precautions: _____ **Date** _____

Physician Signature _____ MD,DO,NP,PA Other _____

Physician Name (please print) _____ Phone _____

Address _____ City,ST,Zip _____

Please See Other Side for Important Medical Information

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

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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

PVD

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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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 : _____

Rider Name: _____ Age: _____

(Please Print Rider's Name on form)

CLASS AVAILABILITY 2005 - 2006

Circle **ALL** days and times you are available to ride. This will directly affect appropriate class placement. At the bottom of this form, you can list your top 3 preferences which will be given every consideration. Most classes will run from 30 - 45 minutes (This list does not necessarily reflect actual class times). You may ride at either location.

Hockley Site:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9 a.m.	9 a.m. Driving or Hippo Therapy	9 a.m.	9 a.m. Hippo Therapy	9 a.m. Driving or Hippo Therapy	9 a.m.
10 a.m.	School Group MISD	School Group MISD	10:00 Hippo	10 a.m.	10 a.m.
11 a.m.			11:00 Avondale House	11 a.m.	11 a.m.
12 noon	1 p.m. Hippo Therapy	1 p.m.	1 p.m.	12 noon	12 noon
1 p.m.	2 p.m. Hippo Therapy	2 p.m.	2 p.m.	1 p.m.	1 p.m.
	3 p.m.	3 p.m.	3 p.m.	2 p.m.	
	4 p.m.	4 p.m.	4 p.m.		
5:30 p.m.	5 p.m.	5 p.m.	5 p.m.		
6:30 p.m.	6 p.m.	6 p.m.			
7:30 p.m.	7 p.m.	7 p.m.			

Spring Site:

Monday	Wednesday	Thursday	Saturday
			9 a.m.
			10 a.m.
			11 a.m.
5:00 p.m.	5:00 p.m.	5:00 p.m.	
6:00 p.m.	6:00 p.m.	6:00 p.m.	
7:00 p.m.	7:00 p.m.	7:00 p.m.	

	Day	Time	Site (Hockley/Spring)
First Preference			
Second Preference			
Third Preference			



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MEDICAL REFERRAL FOR HIPPO THERAPY

Client's Name: _____

Prescription for Hippotherapy and/or Therapeutic Riding

Prescription where appropriate for evaluation and treatment by and Occupational or Physical Therapist in conjunction with the riding program as SIRE, Houston's Therapeutic Equestrian Center, Inc.

Recommended frequency: 1 X per week

Precautions:

Universal precautions; Falls;

Comments: _____

Physician's Signature: _____ **Date:** _____

Please Print, Type or Stamp:

Physician's Name: _____

Address: _____

Phone: _____

GETTING TO KNOW YOU

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little about the riders they will be working with.

Date

PICTURE
(Optional)

My full name is _____

Please call me _____ . My birth date is

(name I go by)

I began riding at SIRE on _____ (date).

Family members: _____

Pets: _____

My interests or hobbies are _____

My goals for riding therapy are _____

(Optional) Please supply any details about the rider you think might be helpful to the volunteers who will be working with him/her/you. (Speech, Vision, Comprehension)

Particular methods that this rider responds to: _____

SIRE, HOUSTON'S THERAPEUTIC EQUESTRIAN CENTER

♥GOALS♥GOALS♥GOALS♥GOALS♥GOALS♥GOALS♥

Rider's Name _____ **Date** _____

Please take a moment to write down your goals or your child's goals for this semester at SIRE. These may be specific to riding or general goals that we can achieve during this time period.

1.

2.

3.

4.

Suggestions: Please make recommendations on favorite activities, best methods for learning and effective forms of motivation.