

Instructions for Questionnaire for Potential Riders

- **Complete the attached Questionnaire for Potential Riders.**
- **Email form to info@harmonyfarmsinc.com OR mail form to:**

**Harmony Farms
2205 Pluckebaum Road
Cocoa, Florida 32926**

- **You will be contacted upon receipt of the questionnaire as to the availability of riding sessions. If there are no openings, you will be put on the waiting list. The list is short, so openings are available frequently.**

QUESTIONNAIRE FOR POTENTIAL RIDERS

Date: _____

Client's Name (potential rider): _____

Age: _____ Height: _____ Weight: _____ Gender: _____ Birthday: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Relationship to Client: _____

Disability: (This must be the official diagnosis from a physician.)

Primary: _____

Secondary: _____

Can the client walk, stand & sit up without assistance? _____

Will the client wear a helmet with no problem: _____

Does the client speak? _____ How is their vision? _____

Does the client comprehend instructions? _____

Does the client have any allergies? _____

Has the client ever been on a horse before? _____

If so, where and what did they do? _____

Was it at another therapeutic riding center? _____

How long ago? _____

Who recommended therapeutic riding for the client? _____

What is your availability? (Circle all sessions available.)

Monday Morning
9:30a, 10:15a, 11a

Wednesday Morning
9:30a, 10:15a, 11a

Thursday Afternoon
4:00p, 4:45p, 5:30p

Saturday Morning
9a, 9:45a, 10:30a, 11:15a

Any comments or questions? _____