



# Happy Tails Therapeutic Riding

## New Student Packet

Welcome to Happy Tails TR! The following forms must be completed and sent back to Happy Tails TR prior to the new student's first assessment. Please complete all sections thoroughly, and in detail – the more information we have, the better we can serve your needs and develop appropriate goals.

In this document, you will find:

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(This form <b>must</b> be completed and signed by the student's physician, <b>not</b> a parent or guardian)	

### **Pricing:**

Assessment Lesson - \$75

Half Hour Lesson - \$60

One Hour Lesson - \$100

Cash or check is due **prior to or at the time of your lesson – we do not accept credit cards**. Checks can be made out to **Happy Tails Therapeutic Riding**. Lesson packages are available for weekly lessons.

### **Farm Address:**

Happy Tails TR at Copper Hill Stables  
381 County Road 537 W  
Colts Neck, NJ 07722

### **Contact Information:**

908-902-8876  
taramoore@happytailstr.com  
happytailstr.com

**Arrival Directions:** When you arrive at our facility, **please drive under 10 MPH** down the driveway, and park in front of the main entrance to the barn. An instructor will meet you at the main entrance of the barn. **Dogs are not allowed at the farm.**

We look forward to working with you!



**Happy Tails Therapeutic Riding**  
**New Student Information**

Please complete the following information so we can best serve your needs:

**Student Background and Disability Information**

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

Disability: \_\_\_\_\_

History of Disability: \_\_\_\_\_

\_\_\_\_\_

Name of school or day program (if applicable) \_\_\_\_\_

Please circle for ambulatory status:

Independent      Walks with assistance      Uses crutches      Uses wheelchair

Cognitive level \_\_\_\_\_

\*The student's height and weight will help us match them with the appropriate horse.

Understands language:    Yes              No

Can express self verbally: Yes              No

Does the student have any experience working around animals?

\_\_\_\_\_



Will the student tolerate a riding helmet (similar to a bicycle helmet, required for safety)?

Yes                      No                      Unsure

Please list any fears and the student's response to them, in detail: \_\_\_\_\_

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Please describe any behavior modification program the student uses, if applicable:

\_\_\_\_\_

\_\_\_\_\_

Please describe the student's response to anger and frustration, and the coping methods typically used in the household/school/day program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student have previous riding experience? If yes, please explain:

\_\_\_\_\_

How did you hear about Happy Tails? \_\_\_\_\_

Please use the space below to describe any specific concerns, goals, or any other information that may be helpful so we can plan an appropriate program for the student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**General Medical Information**

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

If the student is in a wheelchair, can they sit unsupported with head control?

Yes\_\_\_ No\_\_\_

History of Seizures:

Yes \_\_\_ No \_\_\_

If you checked yes, please let us know frequency (per day, per week, as applicable)

\_\_\_\_\_

Date of last seizure \_\_\_\_\_

Medication: \_\_\_\_\_

For what condition(s): \_\_\_\_\_

Administration schedule: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Please circle the following if they apply:

Vision Deficits      Asthma      Skin Irritations      Allergies      Sunburn

Dizziness      Heat Exhaustion      Diabetes



### **Rider/Walker Release of Liability**

I, \_\_\_\_\_, am engaging in horseback riding and  
(Name of Rider)  
associated activities at Copper Hill Stables, Happy Tails Therapeutic Riding, Rt. 537  
Investments, Matzel Group LLC and Galloping Hill Farm LLC (381 County Road 537 W,  
Colts Neck, NJ 07722), under the supervision of Happy Tails TR LLC and Copper Hill  
Stables LLC.

I recognize that horseback riding and contact with horses are inherently dangerous  
activities. I further understand that horses are unpredictable by nature and that I  
could be injured during the course of horseback riding and/or having contact with a  
horse or horses.

I hereby assume all risk of injury and the dangers associated with horseback riding and  
contact with horses. I hereby fully release and hold harmless Rt. 537 Investments,  
Matzel Group LLC, Galloping Hill Farm LLC, Greg and Karen Matzel, employees of Rt.  
537 Investments, Copper Hill Stables LLC, Happy Tails TR LLC, Lauren Sgroi,  
additional instructors: Lauren Loshiavo, Tess Davis, Alyssa Perez, Tara Moore, along  
with their employees, owners of the horses, agents, board members, trustees,  
successors, volunteers, and assigns from any and all injuries or losses sustained by me  
as the result of my engaging in the horseback riding activities and other activities  
associated with such horseback riding activities. I understand that I MUST WEAR AN  
APPROVED RIDING HELMET AT ALL TIMES ON THE HORSE. I further understand  
and acknowledge that I assume all risk of injury related directly or indirectly to failure to  
wear approved head gear and other appropriate protection as suggested. I agree to  
conduct myself in a safe and horseman like manner at all times during the ride. I also  
understand that I cannot hold Greg and Karen Matzel, Rt. 537 Investments, Matzel  
Group LLC, Galloping Hill Farm LLC, employees of Matzel Group LLC, Lauren Sgroi,  
Copper Hill Stables LLC, or Happy Tails TR LLC, additional instructors: Lauren  
Loshiavo, Tess Davis, Alyssa Perez, Tara Moore or any other employees/volunteers  
responsible to any injuries sustained while at other farms and/ or competitions.

\*\*\*\*\* I have read and understand without question, this agreement and release of  
liability contract before having signed below.\*\*\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if named individual is under the age of 18)

Print Name: \_\_\_\_\_

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

City, State, and ZIP: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to rider: \_\_\_\_\_

Email: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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

Witness Name Printed: \_\_\_\_\_ Witness Title: \_\_\_\_\_



### **Payment Policy**

Client will pay for sessions up front for the month, by the first lesson of the month. If a client misses a session, then it is client's responsibility to schedule a make up with-in one week of cancellation. You must pay for the lessons in a month regardless of vacation. Your time slot is reserved and we have a waiting list. If you miss a lesson due to planned vacation, you will be able to do a makeup. Riders must ride for a minimum of 3 lessons a month to reserve their spot.

**We only accept payment by cash or check – no credit cards. Checks can be made out to Happy Tails Therapeutic Riding.**

I, \_\_\_\_\_, have read and agree to abide by the terms listed above as of this date \_\_\_\_\_. I understand that failure to do so can result in termination of participating in any/ all activities at Happy Tails TR LLC. And Copper Hill Stables LLC

Participant name: \_\_\_\_\_

Participant signature: (parent/guardian if under 18) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relation to rider \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



### **Cancellation Policy**

We, at Copper Hill Stables and Happy Tails TR, understand that life has unexpected things that come up. However, in order to keep your designated time, you must abide by the following rules.

If you cancel your session less than 24 hours of your designated time, you will be charged for that missed session without a make-up.

In order to hold your time slot, you must participate in at least three sessions a month. There are people who are on a waiting list who cannot receive a time because you have one. Please be courteous to this. If you do not participate in a minimum of three sessions a month, then you will lose your spot. Once you have lost your spot, you will be given available time slots, when possible. This is not to punish anyone; we have a waiting list and want to give every rider the opportunity to do amazing things here at Copper Hill Stables and Happy Tails TR.

I, \_\_\_\_\_, have read and agree to abide by the terms listed above as of this date \_\_\_\_\_. I understand that failure to do so can result in termination of participating in any/all activities at Happy Tails TR LLC and Copper Hill Stables LLC.

Participant name: \_\_\_\_\_

Participant signature: (parent/guardian if under 18) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation to rider \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_



### **Barn Rules**

- Be on time for your appointment; remember this is your designated time. If you are late, then your lesson will be shortened.
- Releases must be signed before anyone may handle or ride any horses.
- Parents and visitors are welcome to observe students during their lesson by sitting in viewing room or in gazebo. **Only riders** are allowed to enter the indoor/outdoor arena and must announce “door” prior to entry.
- All riders and guest must wear shoes NO sandals.
- Riders are responsible for their guest(s). All guests are expected to follow the entire Barn Rules.
- Absolutely no running, climbing on stalls/gates, shouting, horses can spook.
- Children MUST be supervised at all times by the person they come with.
- No one is to go into a horse’s paddock/stall, without management approval AND supervision.
- Do not pet or feed any horse without first checking with management. Some horses may bite or have feed restrictions
- **Dogs are not to be brought to the farm, not all horses are ok with dogs.**
- ASTM/SEI hard hats are required at all times when riding.
- Keep all gates closed and latched.
- All rules and regulations are subject to change.
- Parent or guardian must remain with all riders under the age of 18 unless in a lesson.
- **Barn Hours are as follows: Mondays- CLOSED (no visitors) Tuesday-Friday 8 am-8pm, Saturday and Sunday 8 am-6pm.**

I, \_\_\_\_\_, have read and agree to abide by the terms listed above as of this date \_\_\_\_\_. I understand that failure to do so can result in termination of participating in any/ all activities at Happy Tails TR LLC/ Copper Hill Stables LLC.

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Participant name: \_\_\_\_\_

Participant signature: (parent/guardian if under 18) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ relation to rider \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_





**Photo Release**

\_\_\_\_\_ **I DO**      \_\_\_\_\_ **I DO NOT**

Consent to and authorize the use and reproduction by Happy Tails TR LLC and Copper Hill Stables LLC, of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Participant name: \_\_\_\_\_

Participant signature: (parent/guardian if under 18) \_\_\_\_\_



**Authorization for Emergency Medical Treatment**

Please Circle One:    Student       Staff       Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

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

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

Health Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

**In the event of an emergency, contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

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 Happy Tails TR LLC and Copper Hill Stables LLC 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 Plan

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 person(s) above is unable to be reached.

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

Print Name: \_\_\_\_\_ (Parent/ Legal Guardian if rider is a minor)

### 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Parent/ Legal Guardian if rider is a minor)

All of the information on this form applies.

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



\*The following form is to be **completed and signed** by the student's physician

**Student Medical History and Physician Statement**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Yes No

Date of Last Seizure: \_\_\_\_\_

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

Special  
Precaution/Needs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Mobility:</b>	Independent Ambulation	Yes	No
	Assisted Ambulation	Yes	No
	Wheelchair	Yes	No

Braces/Assistive Devices: \_\_\_\_\_  
\_\_\_\_\_

*For those with Down Syndrome:* AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_  
\_\_\_\_\_



*Please indicate current or past special needs in the following systems/areas, including surgeries:*

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
	Yes	No	Comments
Cognitive			
Learning Disability			
Emotional/Psychological			
Pain			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the riding center will weigh the medical information above against the existing precautions and contraindications.

Name/Title: \_\_\_\_\_

MD DO NP PA Other \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_