

# Therapeutic Riding Questionnaire

Please submit with a complete Equine Questionnaire. This is not a binder, as there must be written approval. All therapeutic rides must utilize Safety Helmets to be eligible for coverage consideration.

1) Which of the following do you offer?

NARHA    EAGALA    Hippo-therapy    Therapeutic Riding    Other: \_\_\_\_\_

2) Please provide a brief overview of your operation:

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3) Is the program accredited (please provide certificates if answered yes)  Yes    No

By Whom? \_\_\_\_\_ How Many years accredited? \_\_\_\_\_

3) Describe in general the disabilities of the riders/participants.

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4) Years experience providing these operations: \_\_\_\_\_

5) Please list all personnel including instructors, employees, therapists and Volunteers

Name	Experience Level	Years Employed	Certified? If so by whom	Duties	Background Check Completed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

6) Are therapeutic rides conducted in an enclosed area  Yes    No

7) Do you use side walkers  Yes    No

If so, what is the ratio of staff to participants while side walking: \_\_\_\_\_

8) What is the number of participants at one time \_\_\_\_\_

9) Total number of participants annually \_\_\_\_\_

10) Are there any horses used in the program that are:  non-owned    leased    rented

If so, please describe: \_\_\_\_\_

11) Describe any equipment or props used in the program:

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12) Do you have written emergency procedures?  Yes    No

12) Please submit the following if applicable to your operation:

- Copy of Medical Release forms
- Copy of Hold Harmless for this operation
- Copy of Volunteer waiver/release form
- Copy of Professional Liability Insurance held by the therapist
- Copy of the employee/volunteer handbook, rules, guidelines & safety training