



Changing the lives of people with disabilities using the movement of the horse.

Janie Larson, President
Stuart Daly, Vice President

Occupational Therapist / Physical Therapist Form

Student: _____ Date: _____

General information (including precautions): _____

Muscle and joint evaluation: _____

Functional ability and limitations: _____

Capable of independent sitting without support? Yes _____ No _____

Therapy program: _____

Goals: _____

Primary Therapist's signature _____

Primary Therapist name (print): _____

Address _____

Phone number _____