

**CLIENT REGISTRATION FORM**

**Surname**…………………………………… **First/given name**……………………………………

**Date of birth**……………………………… **Sex** (m/f) ………

**Name of parent and/or guardian if a child**………………………………………………………………..

**Relationship to child**…………………………………………………………………………………………

**Contact:**

Address………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………

Post Code……………………

Mobile and/or Home Number……………………………………………

Email address……………………………………………………………..

**Summary of medical condition pertaining to the provision of equine and/or hippotherapy**

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**Are there any other medical conditions Joanna should be made aware?**

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**Have you had any experience, previous knowledge of equine and/or hippotherapy?**

If yes, please outline and your thoughts as to this experience:

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If no, how did you hear about equine therapy and/or hippotherapy?

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**Please tick which service you may be interested:**

* Physiotherapy in partnership with the use of horses ….
* Therapy contact with the horse and confidence building ….
* Psycho-riding aimed at facilitating communication abilities ….

Thank you for taking the time to complete this form.

Please send this form back to joanna@equoamino.co.uk

## Note: *this information is confidential and will not be shared with any third party without the prior and explicit permission of the client, parent and/or guardian.*

Name of signatory (block capitals) ……………………………………………………………………………

Signed……………………………………………………………………………………………………………

Date…………………………

## *I certify that the information provided above is complete and accurate to the best of my knowledge.*