



Good Hope Equestrian Training Center
Therapeutic Horseback Riding/ Therapy Services –
Client Information Form

1. Name of Client: _____
2. Name of Parent: _____
3. Home Address: _____
4. Phone Numbers: (home) _____
(home) _____
(work) _____
(cell &/or beeper) _____
5. Diagnosis: _____

6. Insurance Name & #: _____
7. Social Security #: _____
8. D.O.B. #: _____
9. Medicaid Physician's Name: _____
Physician's Phone number: _____
Physician's Fax number: _____
10. Allergies: _____
11. Precautions: _____
12. Emergency Contact Information:
Name: _____
Phone Number: _____
Name: _____
Phone Number: _____