



Heroes on Horseback

RULES & REGULATIONS FOR RECREATIONAL THERAPISTS

We wish to thank you for your interest in **Equine-Assisted Services** at Majestic Hills Ranch. We are sure you will find this to be a rewarding and beneficial experience for your patients. Before entering the program, Majestic Hills Ranch will need the following forms filled out completely: Registration form, Medical History/Physician Release form (signed by referring physician), and the Emergency Medical Treatment form.

To ensure your patients receive the best treatment available while being in a safe environment we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Boots are preferable, sturdy shoes are okay, though boots with large tread are not ideal. Long pants are preferred but shorts are acceptable. Please ensure the riders are dressed appropriately for the weather; wearing layers is best, and it is always windy at the ranch. If the participant gets cold, the exercise can lose its effectiveness. **All** riders will be required to wear an ASTM F1163 rated equestrian helmet while riding and MHR will provide one if one is not owned by the rider.
2. We encourage family members to come with the patient, to visit and watch their sessions. The time spent at the ranch will be fun and relaxing for everyone. For safety reasons, if your patients bring children, someone must be dedicated to always watching them. The animals at the ranch can be very intriguing but sometimes dangerous for little ones.
3. If the patient needs to cancel a session, it is important to call two hours in advance; that way we can inform our volunteers if needed. Call the HOH Director/Instructor (please ask her/him for a business card so you have the correct number to contact).
4. If the weather is questionable every effort will be made to contact you to cancel the session. We cannot ride with thunderstorms or if the heat index is 90 degrees or above.
5. All new riders must have a one-on-one evaluation to review all materials, stated goals, behavior issues, triggers, how to handle behavior and sensory issues, etc. Safety training will be done in a group setting. The evaluation will assist the Program Director or Instructor in determining which horse and tack is appropriate for each participant.

Majestic Hills Ranch
24580 Dakota Avenue, Lakeville, MN 55044
Mailing Address: 7850 Metro Parkway, Suite 100, Bloomington, MN 55425

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2023 INPATIENT RULES & REGULATIONS FOR PROGRAM PARTICIPANTS

We wish to thank you for your interest in **Equine-Assisted Services** at Majestic Hills Ranch. We are sure you will find this to be a rewarding and beneficial experience. Before entering the program, Majestic Hills Ranch will need the following forms filled out completely: Registration form, Medical History/Physician Release form (signed by referring physician), and the Emergency Medical Treatment form.

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1. Wear close-toed shoes at all times when at the ranch. Boots are preferable, though sturdy shoes are also okay. Long pants are preferred but shorts are acceptable. Please ensure the riders are dressed appropriately for the weather; wearing layers is best, and it is always windy at the ranch. If the participant gets cold, the exercise can lose its effectiveness. **All** riders will be required to wear an ASTM F1163 rated equestrian helmet while riding and MHR will provide one if one is not owned by the rider.
2. We encourage family members to come with you, to visit and watch your sessions. Your time spent at the ranch will be fun and relaxing for everyone. For safety reasons, if you or your guests bring children, someone must be dedicated to keeping an eye on them. The animals at the ranch can be very intriguing but sometimes dangerous for little ones.
3. When completing the paperwork please fill out all blanks as much as possible as it is sometimes necessary when requesting grant funds for Majestic Hills Ranch to give personal information in total numbers in order to qualify our requests and receive needed funding.
4. It is important that you call the Heroes on Horseback Director/Instructor at least two hours before your scheduled riding session if you are unable to keep your appointment. If weather is questionable, we will make every effort to contact you prior to your session.
5. Starting in 2014, MHR implemented a **weight restriction** on riders of **250 pounds** and switching to using saddles for most riders. These changes will help our horses keep in better

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physical condition throughout the riding season. If you have questions or concerns, please contact the office.

6. For questions or general communication, please call Larry Johnson, the HOH Exe. Director, at 612-669-8846 or email at LJohnson@MajesticHillsRanch.com.
7. The riding season is from the first week in May until the last week of October. Each class is approximately 2 hours in length and can incorporate grooming and tacking the horse, groundwork, riding, or possibly carriage driving. Riding sessions are free to all veterans who have doctor's authorization.
8. Registration is on a first come, first served basis. Return your Registration and Release form as soon as possible to ensure your place in the program. Please indicate your 1st and 2nd choices for time on the attached Riding Schedule Request and return it with your registration materials. Every effort will be made to accommodate your schedule request.

When registration materials are complete, please send to our office via one of the following:

Mail to: Heroes on Horseback Director
Majestic Hills Ranch
7850 Metro Parkway, Suite 100
Bloomington, MN 55425

Email to: LJohnson@MajesticHillsRanch.com

Fax to: 952-595-5193

9. All new riders must have a one-on-one evaluation to review all materials in this registration packet, and to plan for your therapeutic riding schedule. During the evaluation process we will work with you to set goals that you want to work toward and like to achieve.
10. Majestic Hills Ranch reserves the right to deny participation in any program activity that, in the professional opinion of the Majestic Hills Ranch Foundation's staff, presents a risk to the safety and/or well-being of the horses, staff, volunteers and/or other participants.



Heroes on Horseback REGISTRATION FORM

Veteran Name: _____ Date of Birth: _____

Branch of Service: _____ Age: _____ Race: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Therapist: _____ Phone Number: _____

Referring Doctor: _____

Clinic / Hospital: _____

Learning more about you!

Do you enjoy being outdoors? Yes _____ No _____

Do you have any horse experience? Yes _____ No _____ How long ago? _____

How much experience? _____

Do you enjoy being around animals? Yes _____ No _____

What are your interests? _____

Do you have any fears about being on a ranch? _____

Other: _____

Your primary reason for interest in Equine Assisted Activities and Therapies:

New form of activity Relaxation Exercise Sport activity New challenge

Gaining: Strength Range of motion Circulation Motor skills

Balance Self-confidence Hand-eye coordination

State your own reasons: _____

Signature of Veteran: _____ **Date:** _____

All information is kept confidential

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2023 Riding Schedule Request

Every rider will have an experienced lead and up to two sidewalkers to start until their riding level and expertise warrants otherwise. This will be determined by the instructor. To develop a relationship with you, your leader and sidewalkers will be your team as consistently as scheduling allows:

Class Time	Tuesday	Wednesday	Thursday
11:00AM-1:00PM	Adult Vet. Day. Ctr. (CDL License Needed)		
2:00PM-4:00PM	Minneapolis Veteran's Home		Hastings Veteran's Home
5:00PM-7:00PM		Potential Independent Outpatients	Possible VA Med. Center Poly-Trauma Unit

Tentative Times for 2022:

Tuesdays: 11:00AM-1:00PM – MN State Veterans Adult Day Center

Wednesdays: 5:00PM-7:00PM – Veteran Outpatients

Thursdays: 2:00PM-4:00PM – Hastings Veterans Home

Thursdays: 5:00PM-7:00PM – VA Medical Center – Poly Trauma Unit, Minneapolis

EMERGENCY MEDICAL TREATMENT FORM



Participant

Staff

Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Allergies: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 Majestic Hills Ranch 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 emergency treatment

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

Volunteer, Staff, Client, Parent, or Legal Guardian

Health Notes:

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PHYSICIAN RELEASE FORM

Veteran's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Allergies (examples: food, bee stings, animals, etc.): _____

Height: _____ Weight: _____ Diagnosis: _____

(PHYSICIAN MUST COMPLETE PRIMARY DIAGNOSIS)

We need current weight so we can assign proper horses to our participants.

Stated goals for Veteran participating in Equine Assisted Activities and Therapies:

1.) _____

2.) _____

3.) _____

Please circle all that apply to Veteran:

Mobility: Independent Cane Crutches Walker Braces Wheelchair

Amputee Prosthesis Paraplegic PTSD Chemical Dependency TBI

Other: _____

Please indicate any special precautions: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted therapies. I understand that the center will weigh the medical information against the existing precautions and contraindications. Therefore, I refer this person to the center for evaluation to determine eligibility for participation.

PHYSICIAN Signature: _____

PHYSICIAN Name (please print): _____ Date: _____