



Heroes on Horseback

RULES & REGULATIONS FOR RECREATIONAL THERAPISTS

We would like 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 experience available while being in a safe environment, we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Riding boots are preferable; sturdy shoes are okay, though boots with large treads 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 always be dedicated to 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 concerns, 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.

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



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2026 INPATIENT RULES & REGULATIONS FOR PROGRAM PARTICIPANTS

We would like 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.

To ensure you receive the best experience available while being in a safe environment, we do request the following:

1. Wear close-toed shoes at all times when at the ranch. Riding 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 to give personal information in total numbers when requesting grant funds for Majestic Hills Ranch 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 the weather is questionable, we will make every effort to contact you prior to your session.
5. Starting in 2014, MHR implemented a **weight restriction of 250 pounds** on riders and switched to using saddles for most riders. These changes will help our horses keep in better physical condition throughout the riding season. If you have questions or concerns, please contact the office.

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6. For questions or general communication, please call Larry Johnson, the HOH Executive Director, at 612-669-8846 or email him at LJohnson@MajesticHillsRanch.com.
7. The riding season is typically from the first week of May until the end 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 a 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 them to our office:

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 their 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: _____
Email Address: _____
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 Services:

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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2026 Riding Schedule Request

Every rider will have an experienced lead and up to two sidewalkers to start until their riding level and expertise warrant 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	Thursday
11:00 AM-1:00 PM		
2:00 PM-4:00 PM		
5:00 PM-7:00 PM		

Tentative Times for 2025:

Tuesdays:	11:00 AM-1:00 PM	(TBD)
Tuesdays:	2:00 PM-4:00 PM	(TBD)
Tuesdays:	5:00 PM-7:00 PM	(TBD)
Thursdays:	2:00 PM-4:00 PM	(TBD)
Thursdays:	5:00 PM-7:00 PM	(TBD)

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-rays, 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 Veterans participating in Equine-Assisted Services:

- 1.) _____

- 2.) _____

- 3.) _____

Please circle all that apply to the 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 services. 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:** _____