



Horses Helping Veterans Policy

Referral Guidelines

1. All riders shall fill out a medical history form. Riders are required to obtain a Physician referral if being treated for an existing medical condition or have physical limitations that would need to be addressed before participating in equine activities.
2. If no physical limitations are present but the rider has been seen for mental health reasons, i.e. PTSD, a note from a counselor, the VA clinic, or VA center will be needed before participating in equine activities.
3. If riders are in good health and not being seen for physical/mental health reasons then filling out the medical history form stating that you are in good health as well as a liability release will suffice for documentation.

Veteran Information

Name: _____ Military Branch: _____
Birthdate: _____ Email address: _____
Separation Date: _____ Phone No: _____

Referral Information (N/A if not required)

Physician Name: _____
E-Mail Address: _____
Phone No: _____
Reason for Referral: _____

Please specify detailed reason for referral if applicable:

Signature of Veteran Rider: _____ Date Signed: _____

For Hope Therapy Use Only

Date Received: _____ Referral required (Y/N) _____
Referral Received (Y/N) _____ Proof of DD214 (Y/N): _____