



## Equine Assisted Learning/Equine Assisted Psychotherapy Application

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

DOB \_\_\_\_\_ e-mail \_\_\_\_\_

Are you completing this form for someone other than yourself? **Yes** **No**

If **yes**, relationship to applicant \_\_\_\_\_

Which program are you applying for?

**Pony Pals** \_\_\_\_\_ **YO HORSE!** \_\_\_\_\_ **Equine Assisted Learning/Psychotherapy** \_\_\_\_\_ **Other** \_\_\_\_\_

**Not Sure** \_\_\_\_\_

\*For **THE WAR HORSE PROJECT**, please complete the application found online under "applications".

What is the applicant hoping to get out of our programs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any physical/mental/emotional concerns? Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other medical conditions? \_\_\_\_\_

\_\_\_\_\_

Physical Limitations? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_  
\_\_\_\_\_

Please tell us about yourself! IE: family status, personal interests, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Once completed, this form is considered confidential.

Please submit to:

Program Director, Hope Reins  
552 Stone Church Rd. Killaloe, ON K0J 2A0

Or scan & e-mail to: [info@hopereinstherapy.com](mailto:info@hopereinstherapy.com)

For more information visit: [www.hopereinstherapy.com](http://www.hopereinstherapy.com)

613 585 1208