



Equine/Animal-Assisted Interest Form

Today's Date: _____

Client Information:

Name: _____

DOB: _____ Sex: _____ Weight: _____ (180lbs - current max # for riding)

Current Address: _____

Contact Number: _(_____) _____ - _____

Email: _____ @ _____

(If Applicable) Parent/Legal Guardian Name(s): _____

How do you see Equine Assisted/Animal Assisted Services being useful?

Which County are you in:

Dodge Fond Du Lac Milwaukee Ozaukee Washington Waukesha

Are you part of any programs:

Children's Long-Term Services (CLTS) Comprehensive Community Services (CCS)

Wraparound (WRAP) Children community options program (Children's COP)

Program Interests:

Equine & Animal Assisted Services (EAS) Therapeutic Horsemanship (TH) Stable Moments (SM)

Availability ~ Circle ALL that apply:

AM hours: _____ PM hours: _____ Monday Tuesday Wednesday Thursday Friday

Current Diagnosis:

Mental Health Related DSM-V / Medical Related ICD10

Presenting Concerns:

- academic behavioral family social relational
- life skills social skills vocational skills self-esteem attitude
- Other: _____