



RED Arena, Inc.
MAILING: 1601 Bell Springs Rd. Dripping Springs, TX 78620
2435 W.Fitzhugh Rd. Dripping Springs, TX 78620
1708 Centerpoint Rd. San Marcos TX 78666
Office: 512.221.5036 REDarena.org Fax: 512.861.2355

Physician's Statement to allow participation in equine activities

Participant Name: _____ DOB: _____

Diagnosis: _____

Medications: _____

Type of Seizures (if any): _____

Ongoing referral for PT/OT once weekly x 12 months.

Surgery : _____ Date: _____

Surgery: _____ Date: _____

Surgery: _____ Date: _____

Atlanto-Occipital stability has been confirmed by x-ray for patients with Down Syndrome.

I understand this patient would like to participate in equine assisted therapies and/or activities which involves being near and riding on horses. There are no restrictions or contraindications with regard to this patient's physical condition to limit participation in horseback riding with a licensed therapist or PATH certified instructor.

Concerns/precautions (if any): _____

Physician's Signature

Date

Physician's Printed Name