



Equine Assisted Activities (EAA) Interest Form

Participant's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Employer or school: \_\_\_\_\_

How did you find out about our EAA program? \_\_\_\_\_

\_\_\_\_\_

Contact Information

Relation to participant: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone  
number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Employer or school: \_\_\_\_\_

What are the participant's life goals? \_\_\_\_\_

\_\_\_\_\_

What is the participant's previous riding/equine experience? \_\_\_\_\_

\_\_\_\_\_

What are the participant's strengths? \_\_\_\_\_

\_\_\_\_\_

Primary diagnosis: \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_

Medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has participant had (or is currently having) seizures? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

Does participant use any assistance devices? \_\_\_\_\_

\_\_\_\_\_