Name: Male: Female:
Address:
Date of Birth: Age:
What are your hopes/expectations on completion of the programme?
Please describe your reasons for attending (e.g.) to develop self-esteem, concentration, communication skills. Please use this space for further comments.
Are you on any medication? Yes No If yes please state which medication and for what reason.

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Tel: 086 1947323 **Web:** www.theponyway.com

Are you allergic to anything including horses? Yes No If yes please state what the allergy is.
Optional: Are you living with family members or others? How would you describe your relationship with family members?
Action Taken:
Signed : **Date:**

Date Received:
Signed: **Date:**

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