



## HORSELINK FOR VETERANS

*Horses Helping People ~ People Helping Horses*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Branch of Military \_\_\_\_\_ Last Deployment \_\_\_\_\_ # of Deployments \_\_\_\_\_

Physical Condition / Disability / Health Concerns \_\_\_\_\_

Emotional Concerns \_\_\_\_\_

Mental Concerns \_\_\_\_\_

Medications \_\_\_\_\_

In Therapy? Y or N Dates of Therapy \_\_\_\_\_

Therapist Name \_\_\_\_\_ Phone \_\_\_\_\_

Horse Experience (*no experience is necessary*):

Do you have any concerns being around horses? If so, please list:

What would you like to feel or learn from being around horses?

Any other information you would like to share that would be supportive for you during the workshop?

Any support that you need during the day?

What is your biggest challenge at this time? (*may include, physical, emotional, mental, life skills, relational etc.*)

What are your goals for the next few months?