

PHYSICIANS RELEASE - PART II

BRACES: _____
ASSISTIVE DEVICES: _____
SEIZURES: _____
INCONTINENCE: _____

In my opinion, this patient can receive hippotherapy, developmental riding, and/or recreational riding instruction under appropriate supervision.

The limitations on exercises are:

The limitations on gaits of the horses are:

Physician's Name: _____
Address: _____
Phone Number: _____
Date: _____
Physician's Signature: _____