



The Goal of Swiftsure Ranch Therapeutic Equestrian Center is to empower those we serve through equine partnerships and ranch experiences. We are a nonprofit organization offering equine assisted activities to individuals at no charge with physical, emotional, social or cognitive diagnosis or challenges. Consideration for services at Swiftsure Ranch starts with a licensed professional recommending an individual for our services.

Benefits from Equine Activities

The rhythmic motion of the horse allows participants to improve muscle tone, balance, coordination, flexibility, sensory registration, motor control and many more physical benefits while having fun enjoying exercise and learning in a positive environment.

The connection between horses and humans has proven to foster respect and confidence while the patient nature of our horses helps reduce anxiety and fear. Learning how to work with horses can be incredibly empowering for individuals.

Learning about horsemanship, participating in ranch activities and developing riding skills are highly motivating for participants to accomplish difficult tasks and reach their full potential.

Horse, participant, instructor and volunteers become a special team, offering the rider the opportunity to develop social and communication skills that go beyond the barn.

Role of Referring Specialist

* As the referring specialist, you are referring an individual to experience services offered by Swiftsure Ranch. Swiftsure Ranch is a beautiful therapeutic equestrian center whose focus is to support the specific needs of individuals with disabilities and challenges through equestrian activities such as learning riding skills, horsemanship and ranch care.

* All of the Instructors at Swiftsure Ranch are certified therapeutic riding instructors through PATHIntl. and have experience utilizing equestrian activities to support individuals with physical, emotional, cognitive or social needs. We may contact the referring specialist for more information so we can create the best possible program for the individual you are referring.

* To be considered for the program, the individual you are referring must be at least 4 years of age and have all paperwork completed. Paperwork includes a New Participant Form completed by the individual, parent or caregiver and the Professional Referral Form completed by a licensed professional working with the individual. If eligibility is for a physical disability or challenge, a licensed physician must be one of the referring specialists.

* To maintain eligibility for the Swiftsure program all participants will be required to submit an annual updated Professional Referral Form.

* Swiftsure has the right to provide alternate services other than mounted activities if there are any safety concerns for the participant, instructor, equine or volunteers.

* Lessons at Swiftsure are one hour once a week during our summer, fall, winter and spring sessions. We have limited resources so lesson availability is filled in order of need.

Please call if you have any questions. Thank you for your referral!



Swiftsure Referral Form

Name of individual you are referring: _____

Diagnosis or Challenge of individual: _____

Referring Specialist Name: _____ Date: _____

Occupation/Specialty: _____

Email: _____ Phone: _____

Explain why you are referring this individual for services and how this individual would benefit from equestrian activities:

Please list some specific goals for the individual you are referring:

1. _____

2. _____

3. _____

Please describe any YES checkmarks for physical considerations:

Physical		Y	N	If YES please Describe
Allergies	Seasonal, food or other			
Auditory	Hearing loss, hearing aids, cochlear implants			
Balance	Sitting, Standing			
Breathing	Asthma, difficulties breathing			
Cardiac	Any heart conditions			
Circulation	Low circulation			
Elimination	Catheter, diapers, adult			
Head and neck control	Instability, lack of muscle tone and control			
Immunity	Low immunity			
Joint Mobility	Subluxation, dislocation			
Mobility	Ambulatory status, wheelchair, cane, walker			
Muscular	Weakness, high tone, low tone			
Pain	Over or under sensitive, any pain in body			
Prosthesis	Any prosthetic limbs			
Seizures	Type, frequency, method of control			
Sensation	Over or under sensitive			

Shunt	Any complications			
Skin	Sensitive skin, easily bruised			
Spinal Joint	Fusions, rods, pain, paralysis			
Surgeries	Past surgeries or pending surgeries			
Vision	No vision, low vision, glasses,			

Please provide any additional information on physical considerations: _____

Please describe all YES checkmarks for social, emotional and cognitive considerations:

Social/Emotional/ Cognitive		Y	N	If YES please Describe
Anxiety	Triggers, behaviors associated with anxiety			
Behavior	Triggers, behavior plan, specific behavior issues			
Cognitive	Ability to follow multi step instructions, sequencing skills			
Communication	ASL, speech delays			
Depression	Affects daily activities, suicidal			
Fear	Specific fears, demonstrations of being fearful			
Frustration	Tolerance, behavior during frustration			

Problem Solving	Ability to problem solve			
Self Esteem	Outgoing or withdrawn			
Speech	ASL, low speech, No verbal speech			
Social Skills	Confidence, friends			

Please provide any additional information on social/emotional/cognitive considerations: _____

I refer the above named individual for participation in Swiftsure Ranch Therapeutic Equestrian Center programs. I understand that the Swiftsure Ranch Therapeutic Equestrian Center will further assess the individual for existing precautions and contraindications specific to equine-assisted activities and therapies and determine eligibility for participation.

Referring Specialist's Name _____

Occupation/Title: _____ License/UPIN #: _____

Email: _____ Phone: _____

Clinic or Organization: _____

Signature: _____ Date: _____