



Family Referral Form

Please email completed form to: info@envisiontherapy.org

Envision Therapeutic Horsemanship provides equine assisted activities for adults and children, and resources for their families and caregivers.

Professional Information of Referral Agency (please print)

Name _____

Agency/Org/School _____

Phone _____ Email _____

Signature _____

By providing the following information and my signature, I am giving permission to initiate contact between Envision Therapeutic Horsemanship and my family. Upon receiving the referral, I understand that I will be contacted within 2-3 business days. All information is treated as confidential and will not be released to outside organizations or individuals. Envision Therapeutic Horsemanship conducts 100% follow-ups on all referrals. This release is valid for 30 days from the date of my signature.

Family Information (please print)

Contact Name _____

Phone _____ Email _____

Address _____ City _____ Zip Code _____

Patient or Student's Name _____

Patient or Student's Special Need(s) _____

Age Last Birthday _____

Family Waiver/Release of Information

I hereby give permission for the Referral Agency to release my above Family information to Envision Therapeutic Horsemanship, I understand I can expect a phone call within a few days of this referral.

Signature of Parent/Guardian _____ Date _____

*The Next Generation
of Therapeutic Horsemanship*