



TAMUS Courtney Cares
Equine Services for Heroes
P.O. Box 3266, College Station, TX 77841
936-245-4489
www.courtneycares.org



Dear Service Member or Veteran,

Thank you for your interest in Texas A&M University System Courtney Cares Equine Services for Heroes Program. This program is modeled after the Veteran program at R.O.C.K. in Georgetown, Texas. R.O.C.K.'s first volunteer was Mr. Merlin Hoppe, a WWII Veteran who spent hundreds of hours building the original arena and buildings back in 1999. In addition, Mr. Hoppe participated in classes and continues to visit the R.O.C.K. program and give encouragement with his presence.

Frequently Asked Questions

How much do the classes cost? *Courtney Cares* does not charge for our veterans classes. The Courtney Cares Program is currently funded by the Grimshaw family in memory of their daughter Courtney.

Can my family participate? Wednesday nights are for our veterans, however spouses, significant others and occasionally children join the veterans for our Fellowship Meal.

In what ways does this help? All our veterans complete a confidential self-survey before and after each class. They consistently report that working with their horse lowers stress, uplifts their mood, improves balance, and often decreases pain level. In addition, many veterans report that they enjoy the community they find here.

When can I get started in classes? Classes are offered for 8 weeks during the fall semester and 8 weeks during the spring semester.

When do you offer classes? Classes are offered on Wednesday evenings. A meal is served at 5:30 followed by horsemanship classes from 6:00-7:00pm.

What if I'm interested in volunteering? Often veterans that participate in classes decide to volunteer either with our veteran program or other programs at *Courtney Cares*. We love it when our veterans train to be volunteers! Everyone that volunteers at *Courtney Cares* finds that volunteering, in itself, is therapeutic.

For additional information please call 936-245-4489.
We look forward to welcoming you!



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Program Requirements

Clothing Requirements:

- ☐ All riders must wear a helmet at Courtney Cares. If you choose to use your own helmet, it needs to be an ASTM/SEI approved helmet and cannot exceed more than 5 years past the manufacture date. Please see your instructor with any questions about helmets.
- ☐ Long pants or appropriate clothes for your class or the weather (shorts may be worn when it is hot). Please do not wear jeans with bling on the pockets - the bling tears up our leather saddles. Jeans should be comfortable to ride in – not too loose and not too tight.
- ☐ Closed toe shoes or boots.
- ☐ Gloves or jacket as needed.

Conduct: It is mandatory that everyone at Courtney Cares comply with all posted **safety rules** and abide by all posted **off-limit areas**. Courtney Cares is a **no smoking** facility and the use of **drugs or alcohol on the property is strictly forbidden**. No mistreatment, abuse, or suggested abuse of any person or animal will be tolerated. For the safety and respect of others, **NO** weapons of any kind are permitted on the premises. We reserve the right to ask anyone to leave the premises.



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Health History and Goals

(To be completed by participant and instructor prior to mounted activities.)

"Committed to the model presented by the Army which is the integration of Body, Mind, Spirit and Family.
Promoting a sense of becoming, changing, improving and growing."

PARTICIPANT INFORMATION:

NAME: _____ Date: _____

Birth date: _____ Age(Years): _____ Gender: _____ Height: _____ Weight: _____

Military Branch: _____ Rank: _____ Status: _____ Date Retired: _____

Current address: _____

Primary Phone Number: _____ Email: _____

Preferred Contact Method: (Circle One): Email? Text? Phone Call?

Emergency Contact: _____ Phone: _____

Referral Information: _____

Please circle all that apply: OEF OIF OND WTB Date of MEB: _____

Are you registered as an alumni with the Wounded Warrior Project (WWP)? (circle one) Yes No

Education: _____ Last grade completed: _____ Post-secondary education: _____

Continuing Education Goals, if any: _____

Any Horse Experience? If so please explain: _____

MEDICAL INFORMATION:

Primary Diagnoses: _____

Medications: _____

Surgeries: _____



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Assistive Devices: _____

Average pain Level (1 - 10): _____ Describe: (optional): _____

Medical History: _____

PHYSICAL:

Mobility: Ambulation / Independent / Level Surfaces Only / Needs Supervision / Semi-dependent / Dependent / Assistive Devices / Tone / Gross Motor / Fine Motor / Motor Planning / Balance / ROM

Communication: Verbal / Words / Phrases / Sentences / Articulation / Signs / Gestures / Word Recall / Receptive Language / Expressive Language / Difficulty Talking to Others

Vision: Visual Impairment / Assistive Devices / Light Sensitivity / Night Vision / Visual Hypersensitivity

Auditory: Hearing Impairment / Assistive Devices / Auditory Defensiveness

Memory: Long Term / Short Term

Current Exercise / Therapeutic Regimen: PT / OT / Weights / Aerobic Exercise / Swimming / Walking / Sports

Activities of Daily Living: Bathing / Driving / Shopping / Work / Recreational



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EMOTIONAL / BEHAVIORAL

Emotional: Depression / Anxiety / PTSD / Trauma / Mood Disorder / Abuse - physical, emotional, sexual / Fearful / Angry

Behavioral: Impulse control / Hyperactivity / Attention-Focus / Easily Frustrated / Avoidance / Substance Abuse

Current Therapies / Interventions: _____

Currently in therapy: _____ Completed a course of therapy: _____

Alcohol Use: _____

Smoker/Nonsmoker: _____ Recreational Drugs: _____

What do you do to calm down, to motivate yourself, to relax, etc: _____

HOME & FAMILY:

Married (Y/N): _____ Years Married: _____ Divorced: _____ Widowed: _____

Spouse name: _____ Children (Y/N): _____ Names & Ages: _____

Hometown: _____

General Family History & Information:

Current Relationship with Family: closeness to family / maintaining intimate relationships / level of understanding & sharing of thoughts and or feelings / ease of communication:

What do you do for fun: Clubs / Hobbies / Recreation / Individual vs group activities:

How often do you get to enjoy these activities? _____

Are these activities shared with family/friends?



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SPIRITUAL:

How connected do you feel to the world around you? Feelings of isolation / Difficulty staying in the present / Unable to find meaning in life / Unable to see or appreciate beauty / Unable to create positive plans for the future / Unable to feel grounded within myself:

Do you have a spiritual community if so please tell us about it:

PERSONAL GOALS:

What would you like to improve in your life over the next few months:

What do you want to do that you can't do now:

What would you like to learn or do around the horses in the next few months?

Personal Goal

#1: _____

Personal Goal

#2: _____

Personal Goal

#3: _____

For office use only: Received on: _____ Evaluation Date: _____ By: _____



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Liability Release:

_____(Participant name) would like to participate in the Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program, Parsons Mounted Cavalry, Instructors, Therapists, Aides, Volunteers and /or Employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program. WARNING-Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: _____ Date: _____
(Participant name)

PHOTO RELEASE:

I hereby (Circle one): Consent Do NOT Consent

to the use and reproduction by Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program of any and all photographs and any other audio/visual materials taken of me/my son/daughter/ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program ensures that only first names will be used to identify people unless specific permission is given from the parent/client/caregiver.

Signature: _____ Date: _____
(Participant name)

This release applies to all family members & caregivers of this participant. Contact your instructor if you have any questions about this policy.



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RELEASE & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____

Read both and check one below and sign:

☐ **Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Texas A&M University System Courtney Grimshaw Fowler Equine Therapeutic Program to 1) Secure and retain medical treatment and transportation if needed. 2) Release any records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the emergency contacts are unable to be reached.

Consent Signature: _____ Date: _____
(Participant name)

☐ **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required. I wish the following procedures to take place:

Non-Consent Signature: _____ Date: _____
(Participant name)



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Client Medical History & Physician's Statement

Client's Name: _____ DOB: _____ Height: _____ Weight: _____

Diagnosis: _____ Date of onset: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurological			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Physician's Statement

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with an evaluation and treatment of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, SLP, LCSW, etc.) in the implementations of an effective equestrian program. This form may be signed by a MD, NP, PA or PhD level Licensed Mental Health Counselor.

Physician's Signature: _____ Please print, type or stamp: _____

Address: _____ Phone: _____

Fax: _____ Email: _____

Date: _____



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Proof of Military Service

Proof of military service is requested to participate in Courtney Cares Equine Services for Heroes Program. We request a form of ID and sign this form with you before your first class begins.

Type of ID: _____
(Examples: Military ID, DD214)

Status: _____
(Examples: Active, Retired)

Expiration Date: _____
(If applicable)

Printed Name: _____

Signature: _____

Date: _____

Verified by Courtney Cares Staff

Printed Name of Courtney Cares Staff member: _____

Signature of Courtney Cares Staff member: _____

Date: _____