



Pegasus Therapeutic Riding Academy, Inc.

8297 Bustleton Avenue
Philadelphia, PA 19152
215.742.1500 fax 215.742.1515
www.pegasusridingacademy.com

Date: _____

Dear Health Care Provider:

Your patient _____
(participant's name)

has been participating in supervised equine activities at *Pegasus Therapeutic Riding Academy, Inc.*, 8297 Bustleton Avenue, Philadelphia, PA 19152 and is due for an update of his/her medical status. Please review the previous medical history and provide an update of the information in the space below. Address occurrences over the past year including surgeries, illnesses, and hospitalizations, changes in medications, treatment, weight or behavior. Please indicate current height/weight. For your reference, potential precautions/contraindications are listed on the reverse. If this person has Down syndrome or any other condition that predisposes him/her to Atlantoaxial Instability, please include results of his/her neurologic exam.

Diagnosis: _____

Height: _____ Weight: _____

Update Status: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the Pegasus Therapeutic Riding Academy will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to Pegasus Therapeutic Riding Academy for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (____) _____ License/UPIN Number: _____