



Therapeutic Riding /  
Hippotherapy Program  
McFadden Ranch 2480 Lane 30 1/2

P.O. Box 151 Ω Greybull, WY 82426 Ω Cindy Hinckley: 765-4773 Ω Sandy McFadden: 765-9684

**PHYSICIAN'S APPROVAL**

I, the undersigned physician, do declare that therapeutic/hippotherapy horesback riding instruction is a suitable activity for:

\_\_\_\_\_  
Patient's name

In my opinion, this patient has no precautions or contraindications that would prevent him or her from safely participating in the **Body & Spirit Therapeutic Riding and Hippotherapy Program.**

Does the patient have Down's Syndrome? \_\_\_\_\_  
If "yes", please initial after the following statement:

I verify through use of x-rays that include full views of extension and flexion of the neck, that the patient is not at risk from atlantoaxial instability. \_\_\_\_\_

Comments:

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City State Zip