



**Hillside HOPE Thru Hooves**  
Equine Assisted Mentorship  
763-238-7283

**CLIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Wk: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you under a doctor's care? \_\_\_\_\_ Medications taking & what for?

\_\_\_\_\_

Are there any physical limitations or problems that we should be aware of?

\_\_\_\_\_