

Medicine Horse Way Registration Form



NAME: _____ PHONE: _____

EMAIL: _____

Have you participated in any other Equine Facilitated Learning YES NO

IF so please describe your experiences here: _____

Do you have any serious active mental health conditions: YES NO

If so please give a brief explanation including any treatment, therapy, or medications that you take.

What is your primary attraction / interest in Equine Facilitated Learning?

Any other comments: _____