



## RIDER ELIGIBILITY FORM

*Honoring our service men and women and the horses that are helping them heal.*

|                          |                  |
|--------------------------|------------------|
| <b>Rider Information</b> |                  |
| Rider Name:              |                  |
| Address:                 | City/State/Zip:  |
| Phone:                   | Email:           |
| Branch of Service:       | Time in Service: |

|  |                 |
|--|-----------------|
| <b>PATH Intl. Equine Services for Heroes Information</b> |                 |
| Therapeutic Riding Facility:                             |                 |
| Address:   | City/State/Zip: |
| Phone:   | Email:          |
| Website:   | Contact:        |

*For Veterans who **do not** participate in Therapeutic Riding programs, please attach the Department of Veteran Affairs letter recording the dates of service, the Service-connected Disability Rating, and the date it was awarded. Please black out any personal information such as SSN and monetary amounts.*

### Adaptive Equipment

Please indicate which adaptive equipment is needed:

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Audio Communication<br><input type="checkbox"/> Boot Adaptations<br><input type="checkbox"/> Hand Hold (flexible and/or rigid)<br><input type="checkbox"/> Laces to tie stirrups/leathers to girth or cinch<br><input type="checkbox"/> Loop Reins<br><input type="checkbox"/> Rein Handle Tethers | <input type="checkbox"/> Saddle Blocks/Wedges/Cushions<br><input type="checkbox"/> Seat Savers<br><input type="checkbox"/> Whips<br><input type="checkbox"/> Bareback Pads<br><input type="checkbox"/> Dowel Reins<br><input type="checkbox"/> Helmets | <input type="checkbox"/> Ladder Reins<br><input type="checkbox"/> Rein Handles<br><input type="checkbox"/> Rubber Bands<br><input type="checkbox"/> Safety Stirrups<br><input type="checkbox"/> Surcingle<br><input type="checkbox"/> Other _____ |
|---|--|---|

(Subject to approval)

### Instructor Statement

This applicant will be using the above designated equipment while competing in the:

Independent
  Supported

I verify that the above information is accurate:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_