

HELEN WOODWARD ANIMAL CENTER
THERAPEUTIC RIDING CLIENT ANNUAL MEDICAL UPDATE FORM

DATE: _____

RIDER'S NAME (please print): _____

Since your last physician form that you completed at the time of enrollment, have there been any significant medical incidents or changes? Even if medications have *not* changed, **please list all current medications.**

Operations since last update (include dates):

Current/new medications:

Medications removed in the last 12 months:

Seizures (type & frequency):

Loss of mobility:

Improvement of mobility:

Date of last physical:

Allergies:

Weight:

Height:

Any other significant information, contraindications, etc.:

Signature: _____
(Parent or Guardian if participant is under 18 years of age)