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# **Welcome to Crossing Arrows Ranch – Equine Therapy Program**

Hello and welcome to Crossing Arrows Ranch! We are so glad you’re here and look forward to walking alongside you on your healing journey. Whether this is your first time engaging in equine-assisted therapy or you’ve worked with horses before, we believe you’ll find something powerful in the connection between humans and horses.

At Crossing Arrows Ranch, we provide mental health services through equine-assisted psychotherapy. Our work is rooted in trauma-informed care and the principles of Natural Lifemanship. Your therapist and equine professional will support you in building safe, connected relationships—with horses and with yourself—that can transform other areas of life.

Your first session will include an assessment and treatment planning with your therapist. From there, you’ll engage in equine therapy sessions that are tailored to your needs and goals.

We’ve included all necessary forms in this packet. If you have any questions before your first appointment, please don’t hesitate to reach out. We’re here to support you!

Warmly,

The Team at Crossing Arrows Ranch

**RANCH RULES & SAFETY POLICIES**

At Crossing Arrows and Whispering Winds Ranch, safety is our top priority. Please read and adhere to the following policies:

* Helmets are required at all times for individuals under the age of 18.
* No open-toed shoes; boots are preferred.
* No shorts allowed if riding horses.
* Weather-appropriate clothing is required.
* Bug spray and sunscreen are recommended.
* Keep hands and fingers away from the mouths of all therapy animals.
* Do not stand or walk behind the horses.
* Do not abuse or mistreat any animal or staff
* No smoking, vaping, alcohol, or drug use on the premises.
* All children under 18 who are not participants must be accompanied by an adult and must have a signed release if interacting with therapy animals.
* Clients must remain in their vehicle until called or greeted for their session.
* Do not arrive outside of scheduled appointment times. All visits are by appointment only.
* Dogs are not allowed on the premises and must remain in your vehicle.
* Payment and Appointments:
* Payment or fee waiver documentation is due prior to each appointment.
* We accept cash, credit card, or Venmo.
* Arrive on time. You will be charged for the full session even if you are late.
* If you are more than 15 minutes late, the session will need to be rescheduled.
* A minimum of 24 hours' notice is required for cancellations.

Failure to adhere to these rules may result in termination of services.

**Equine Activity Release of Liability and Waiver Form**

For Participants, Volunteers, and Visitors

(Pursuant to Utah Code §78B-4-201 to 203)

Name of Participant or Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is a minor, this form must be completed and signed by a parent or legal guardian.

**RELEASE OF LIABILITY AND WAIVER AGREEMENT**

In consideration herein, the undersigned participant(s), being of legal age or signing in conjunction with a parent or legal guardian if under the age of 18, hereinafter referred to as I, me, my, or myself, acknowledge the following:  
  
I wish to enter upon the premises known as Crossing Arrows Ranch and/or Whispering Winds Ranch to visit and/or to receive training, instruction, coaching, or counseling from the volunteers or employees of either ranch. I am fully aware of the inherent risks involved in equine and ranch animal activities and hereby voluntarily elect to participate.  
  
By entering these premises and/or engaging in any activity involving ranch animals, I willingly assume all risk and release and hold harmless Crossing Arrows Ranch and Whispering Winds Ranch, including their directors, owners, employees, volunteers, successors, and heirs from any and all liability for injury, death, property damage, or loss.

**INHERENT RISKS ACKNOWLEDGMENT**

Pursuant to Utah Code §78B-4-201 et seq., I acknowledge and understand the inherent risks of equine and ranch animal activities, including but not limited to:  
- Unpredictable behavior of horses and other animals in reaction to sound, movement, unfamiliar surroundings, or people.  
- Uneven terrain or surface conditions such as holes, rocks, mud, or slippery ground.  
- Allergic reactions to hay, dust, pollen, animals, or insects.  
- Risk of collisions with animals, objects, or other people.  
- Negligent behavior by myself or other participants when handling animals.

**SAFETY POLICY ACKNOWLEDGMENT**

I have been given and agree to abide by the Ranch Rules and Safety Policies. I understand the following clothing and safety requirements:  
- Closed-toe footwear and long pants are required at all times while on the premises.  
- Protective headgear is required for all minors while riding.  
- I will follow all instructions given by ranch staff or volunteers regarding safety.

**LEGAL WAIVER**

I hereby expressly waive my right to bring any legal action against Crossing Arrows Ranch, Whispering Winds Ranch, and their representatives for injuries or damages caused by the inherent risks of equine activities. This waiver extends to any minor children listed below and signed for by me as their parent or legal guardian.

**EMERGENCY CONTACT**

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT SIGNATURE SECTION**

Signature of Adult Participant (or Parent/Guardian for Minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Minor Participant (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PHOTO RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant Crossing Arrows Ranch the right to edit, alter, copy, exhibit, publish, and distribute photographs or video of me and/or my child for promotional materials, including (but not limited to): newsletters, flyers, posters, brochures, ads, press kits, social media, and online communications. This authorization shall continue indefinitely unless revoked in writing.  
  
I understand these materials become the property of Crossing Arrows Ranch and will not be returned. I hereby release Crossing Arrows Ranch from all claims related to use of these images.

Participant’s Initials: \_\_\_\_\_\_\_  Parent’s Initials (if applicable): \_\_\_\_\_\_\_

**CANCELLATION POLICY**

Participants must provide at least 24 hours’ notice to cancel or reschedule a session. Failure to do so will result in being charged the full session fee. Exceptions may be made in cases of emergency at the discretion of Crossing Arrows Ranch staff.

**FEES & PAYMENT POLICY**

Payment is due at the time of service. Accepted forms of payment include credit card, check, and Venmo. A sliding scale is available upon request and must be completed on a separate form.

**INCLEMENT WEATHER & SESSION DISRUPTIONS**

Sessions are held outdoors and may be affected by weather conditions. In the event of unsafe weather, sessions may be rescheduled or adapted for safety. Clients will be notified as soon as possible if changes are necessary.

**ANIMAL BEHAVIOR & WELFARE ACKNOWLEDGEMENT**

Participants understand that the animals involved are living beings with individual temperaments and boundaries. Connection with animals cannot be forced or guaranteed, and all participants are expected to treat animals with respect and care. Activities will be conducted in a way that prioritizes animal welfare.

**EMERGENCY PROCEDURE**

In the case of an emergency, 911 will be contacted immediately, and the participant's emergency contact will be notified. All reasonable steps will be taken to ensure the safety and well-being of the participant.

**VOLUNTARY PARTICIPATION**

Participation in any activity is completely voluntary. Participants have the right to withdraw from any activity at any time. By signing this document, the participant acknowledges they are choosing to participate of their own free will.

**SERVICE CLARIFICATION – NOT HIPPOTHERAPY**

Crossing Arrows Ranch and Whispering Winds Ranch are not hippotherapy programs. We do not claim to offer hippotherapy services, nor do we have licensed occupational, physical, or speech therapists or the equipment required for hippotherapy. Our services focus on mental health care and equine-assisted psychotherapy, where clients work with both a mental health professional and an equine professional. Clients may choose to engage in these activities as part of their treatment plan but should understand that this is not a substitute for medical or physical rehabilitation services.

**Acknowledgment of Ranch Rules and Policies**

By signing below, I acknowledge that I have read, understand, and agree to abide by the ranch rules and policies outlined in this document. I understand the importance of safety while participating in activities at Crossing Arrows Ranch and Whispering Winds Ranch, and I agree to follow all provided guidelines during my participation.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**INFORMED CONSENT AND CONFIDENTIALITY AGREEMENT FOR EQUINE-ASSISTED PSYCHOTHERAPY**

This form is to inform you of the nature of your involvement in **equine-assisted psychotherapy** and to clarify confidentiality policies. By signing this form, you consent to participate in therapy and understand the confidentiality rules that apply to your involvement in both mental health and equine-assisted therapy.

**1. Purpose of Therapy:** You are engaging in **equine-assisted psychotherapy**, which integrates horses into the therapeutic process to support emotional, psychological, and behavioral growth. The therapy is based on **Natural Lifemanship** principles, focusing on attachment and trauma recovery.

**2. Roles of the Therapist and Equine Professional:**

**Therapist’s Role**: As your therapist, I will facilitate therapy sessions, guide emotional and psychological processing, and use a variety of therapeutic tools and interventions. The primary therapeutic work will be done through the use of talk therapy, trauma processing, and experiential exercises.

**Equine Professional’s Role**: An **equine professional** will be present during all equine-assisted therapy sessions. The equine professional's role is to support the therapeutic process by managing the horses, creating safe and appropriate activities, and ensuring the physical safety of the participants. The equine professional works alongside the therapist, but they do not provide mental health therapy. They assist in facilitating therapeutic goals through interaction with the horses and may provide guidance on animal behavior, safety protocols, and natural horsemanship principles.

**3. Confidentiality:**

**General Confidentiality**: Your privacy is important to us. All information shared during your sessions, whether in individual therapy or equine-assisted therapy, is confidential. As your therapist, I will not disclose anything shared in sessions without your written consent, except in the following situations:

If you are at risk of harm to yourself or others, or if there are any other mandatory reporting requirements (such as child abuse).

If required by law, such as through a court subpoena.

**4. Equine Professional’s Confidentiality**: The equine professional will have access to your session information only to the extent necessary to facilitate your therapy. They are bound by confidentiality and will not share your personal information or details about your therapy outside of the therapeutic context, except as allowed or required by law.

**5. Risks of Equine Therapy:** While equine therapy can be highly beneficial, it also involves inherent physical risks. Horses are large animals, and interactions with them may involve the risk of injury, such as being kicked, bitten, or trampled. By participating in equine-assisted psychotherapy, you acknowledge and accept these risks. You agree to follow all safety guidelines provided during the sessions.

**6. Informed Consent to Participate:**

By signing this form, you are voluntarily agreeing to participate in equine-assisted psychotherapy. You understand the nature of the therapy, including the roles of the therapist and the equine professional, and you consent to the involvement of horses in your therapeutic process.

You acknowledge that the equine professional’s role is to assist with the horses and support the therapy process but is not a licensed mental health provider.

You acknowledge that your confidentiality is a priority, and that both the therapist and the equine professional are committed to maintaining your privacy within the bounds of the law.

**7. Limitation of Liability:** As part of this informed consent, you understand that while every effort will be made to ensure a safe and effective therapeutic experience, you assume responsibility for any physical risks associated with working with horses.

**8. Acknowledgment of Ranch Policies:** I acknowledge that I have received and read the ranch’s **Rules and Policies** related to safety, conduct, and participation in therapy sessions. I agree to adhere to these policies during my involvement in therapy.

**9. CONTACTING US**

We are often not immediately available by telephone. We do not answer the phone when we are with clients or otherwise unavailable. At these times, you may leave a message on our voice mail for logistical purposes only and your call will be returned as soon as possible, but it may take a day or two. If, for any number of unseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the mental health emergency hotline 988 2) go to your local hospital emergency room.

**10. APPOINTMENTS**

Appointments will ordinarily be 50-60 minutes in duration, once per week or bi-weekly at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours notice. If you do not contact us within the 24 hours, you will be charged a no show fee which is the cost of your session. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. In addition to on site therapy services, we also offer telehealth services in the event of inclement weather if needed, illness or other circumstances. We take your treatment seriously and your appointments are necessary in order to assist you in achieving your treatment goals. If you are unable to attend your weekly appointments and you miss more than three sessions in three months, we will need to re-evaluate your current treatment regimen including termination or placement on our waitlist if you are unable to attend regularly.

**Signatures:**

By signing below, you confirm that you have read and understood the above information, and you voluntarily consent to participate in **equine-assisted psychotherapy**.

**Client Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name (if minor):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

### **Client Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Preferred Pronouns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_  
 **Phone Number (Mobile):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Emergency Contact Information**

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Relationship to Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Referral Information**

How did you hear about equine-assisted therapy?  
 [ ] Referral (Please provide name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 [ ] Social Media  
 [ ] Website  
 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Therapy History and Goals**

**Have you participated in therapy before?**  
 [ ] Yes [ ] No  
 If yes, briefly describe your experience:

**Why are you seeking equine-assisted therapy?**  
 (Please list all that apply)  
 [ ] Trauma/PTSD  
 [ ] Anxiety  
 [ ] Depression  
 [ ] Attachment concerns  
 [ ] Relationship/family issues  
 [ ] Personal growth  
 [ ] Behavioral challenges  
 [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your current goals for therapy?**

### **Equine Interaction Information**

**Do you have prior experience with horses?**  
 [ ] Yes [ ] No  
 If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you comfortable working around horses?**  
 [ ] Yes [ ] No [ ] Unsure  
 Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any fears or concerns about horses?**  
 [ ] Yes [ ] No  
 If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any allergies, physical conditions, or mobility concerns?**  
 [ ] Yes [ ] No  
 If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you experience dissociation or blackouts that might impact safety during equine therapy?**  
 [ ] Yes [ ] No  
 If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any history of seizures or fainting?**  
 [ ] Yes [ ] No  
 If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other medical or mental health conditions we should be aware of that could affect your ability to safely participate in mounted or unmounted horse activities?**

**Psychotherapy Assessment Tools**

## **Adverse Childhood Experiences (ACE) Questionnaire**

The ACE questionnaire helps us understand the potential long-term impacts of early life stress. Please answer the following questions to the best of your ability.

1. Before your 18th birthday, did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?

☐ Yes ☐ No

2. Before your 18th birthday, did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

☐ Yes ☐ No

3. Before your 18th birthday, did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way?

☐ Yes ☐ No

4. Before your 18th birthday, did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn’t look out for each other, feel close to each other, or support each other?

☐ Yes ☐ No

5. Before your 18th birthday, did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

☐ Yes ☐ No

6. Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?

☐ Yes ☐ No

7. Before your 18th birthday, did a household member go to prison?

☐ Yes ☐ No

## **PHQ-9 Depression Screening**

The PHQ-9 helps identify the severity of depressive symptoms. Please answer the following questions based on how you’ve been feeling over the last two weeks.

1. Little interest or pleasure in doing things?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

2. Feeling down, depressed, or hopeless?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

3. Trouble falling or staying asleep, or sleeping too much?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

4. Feeling tired or having little energy?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

5. Poor appetite or overeating?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or being so fidgety or restless that you have been moving around a lot more than usual?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

9. Thoughts that you would be better off dead, or of hurting yourself in some way?

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

**Payment and Cancellation Policy**

Payment must be made prior to your session. We accept credit cards, Venmo, cash or checks as methods of payment. Please note that we will charge the credit card on file for the full session fee, including any missed sessions if you fail to cancel within the required 24-hour notice period. If you do not give 24 hours notice, the full session fee will be charged. In case of a cancellation within 24 hours, the session fee will be due regardless of circumstances.

Sliding scale fees are available based on need, but a separate sliding scale application must be submitted. The sliding scale application will be reviewed, and approval must be granted before sliding scale fees are applied. Please reach out for more information if needed.

By providing your credit card information below, you authorize us to charge your card for any scheduled sessions, including missed sessions, subject to the 24-hour cancellation policy. This agreement is made in acknowledgment of the rules outlined in this document.

Credit Card Information (Required):

Cardholder's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_

We are grateful to have you as a part of our community here at Crossing Arrows Ranch. Our goal is to create a supportive, safe, and healing environment for you as you work through your challenges. We look forward to walking alongside you on your journey toward healing and growth. If you have any questions or concerns at any time, please don't hesitate to reach out. We are here to support you every step of the way.

Warm regards,  
 The Crossing Arrows Ranch Team

Crossing Arrows Ranch

# **Equine Therapy & Telehealth Consent Form**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Purpose**

Crossing Arrows Ranch provides trauma-informed equine-assisted psychotherapy (EAP). Because sessions are conducted outdoors, participation is weather-permitting. To ensure continuity of care, when weather conditions or other circumstances prevent in-person equine sessions, therapy may be provided via secure telehealth (video or phone) as an alternative.  
  
This allows clients to continue their healing process without interruption and ensures therapist availability is respected.

## **Telehealth Option**

• If weather or other circumstances make equine therapy unsafe or impractical, your session will be offered via telehealth.  
• Telehealth sessions use interactive video, audio, or other secure electronic communication methods.  
• The benefits include accessibility, consistency, and avoiding last-minute cancellations.  
• Risks include possible interruptions, technical difficulties, or unauthorized access.

## **Confidentiality**

• All telehealth sessions will be conducted through secure, HIPAA-compliant platforms when available.  
• The same confidentiality protections and limits apply as in-person therapy.  
• You are responsible for ensuring privacy on your end of the connection.

## **Cancellation Policy**

• A minimum of 24 hours’ notice is required to cancel or reschedule any equine therapy or telehealth session.  
• Cancellations with less than 24 hours’ notice, or missed appointments, will be billed at the full session rate, except in cases of genuine emergency.  
• If weather prevents an in-person equine session, clients are expected to attend telehealth therapy at their scheduled time. Refusing telehealth does not waive the cancellation fee.

## **Client Rights**

• You may ask questions at any time regarding equine therapy or telehealth.  
• You may choose not to participate in telehealth; however, the cancellation policy still applies.  
• You may withdraw consent for telehealth in the future by providing written notice.

## **Emergencies**

• Equine therapy and telehealth are not appropriate for emergency situations.  
• If you are experiencing a mental health emergency, call 911 or go to the nearest emergency department.  
• You may also call or text the 988 Suicide & Crisis Lifeline if you are in immediate distress.

## **Consent**

By signing below, you acknowledge that:  
• You have read and understood this consent form.  
• You agree to participate in equine therapy and, when needed, telehealth sessions.  
• You agree to the 24-hour cancellation policy.  
• You consent to receive psychotherapy with Crossing Arrows Ranch in either format (equine therapy or telehealth).

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_