

Physician Annual Update 2026

Date: _____

Dear Physician:

Your patient, _____, has participated in an equestrian activities program at Ivey Ranch Park Equestrian Center in Oceanside, California, and is now due for an update of his/her medical status. Please review the previous medical history and provide an update of the information in the space provided below. Address occurrences over the past year including surgeries, illnesses, hospitalizations, and changes in medications, treatment, weight, behavior, etc. Please indicate current height and weight. For your reference, potential precautions/contraindications are on the back of this page. Please circle conditions that are relevant to your patient and may indicate a precaution or contraindication to riding.

Diagnosis:

Height: _____ Weight: _____

Update medical status:

To my knowledge, there is no reason why this individual cannot participate in supervised equestrian activities at Ivey Ranch Park Equestrian Center. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this individual's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program, if necessary by the center.

Name/Title: MD DO NP PA Other

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: () License/UPIN Number:

Please return the completed form either by mail, email or fax:

Ivey Ranch Park Association Therapeutic Riding Program

110 Rancho del Oro Drive, Oceanside, CA 92057

760-722-4839 phone, 760-722-6598 fax. ivesranch@yahoo.com

Ivey Ranch Park Association. 110 Rancho Del Oro Drive, Oceanside, CA 92057 Phone: (760) 722-4839 Fax: (760) 722-6598. © 2026

Date: _____

Dear Physician:

Your patient, _____, is interested in participating in supervised equine assisted activities at Ivey Ranch Park Equestrian Center therapeutic riding program.

In order to safely provide this service, our center requires that you complete/update the attached form. Please note that the following conditions may suggest precautions and contraindications to therapeutic riding. Therefore, when completing this form, please note whether these conditions are present and if so, to what degree.

Orthopedic	Other continued
Atlantoaxial Instability - include neurologic symptoms	Poor endurance
Coxa Arthrosis	Skin breakdown
Cranial deficits	Medical/Psychological
Heterotopic ossification/Myositis Ossificans	Allergies
Joint subluxation/dislocation	Animal abuse
Osteoporosis	Physical/sexual/emotional abuse
Pathologic fractures	Blood pressure control
Spinal fusion/fixation	Dangerous to self or others
Spinal instability/abnormalities	Exacerbations of medical conditions
Neurologic	History of fire setting
Hydrocephalus/shunt	Heart conditions
Seizure	Hemophilia
Spina bifida/Chiari II malformation/	Medical Instability
Tethered cord/Hydromyelia	Migraines
Other	PVD
Age - less than 4 years	Respiratory compromise
Indwelling catheters	Recent surgeries
Medications - i.e., photosensitivity	Substance abuse
	Thought control disorders
	Weight control disorders

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact Ivey Ranch Park Association at the above noted contact information.