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 w/ICD-10 Code(s): _____

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: _____ State: _____ Zip: _____

Phone: (___) _____ License/UPIN Number: _____

Please return the completed form either by mail, email or fax:
110 Rancho del Oro Dr, Oceanside CA 92057
Phone: 760-722-4829; Fax: 760-722-6598; Email: gale@iveyranch.com

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
Atlantoaxial Instability - include neurologic symptoms
Coxa Arthrosis
Cranial deficits
Heteroptopic ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic fractures
Spinal fusion/fixation
Spinal instability/abnormalities

Neurologic
Hydrocephalus/shunt
Seizure
Spina bifida/Chiari II malformation/

Tethered cord/Hydromyelia

Other
Age - less than 4 years
Indwelling catheters
Medications - i.e., photosensitivity
Poor endurance
Skin breakdown

Medical/Psychological
Allergies
Animal abuse Physical/sexual/emotional abuse Blood pressure control Dangerous to self or others
Exacerbations of medical conditions History of fire setting
Heart conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory compromise
Recent surgeries
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.