



Mailing Address:
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2022 CLIENT REGISTRATION FORM

***Required information** *(Forms without required information are not accepted and will be returned.)*

*Client Name _____

*Phone _____ Email _____

*Street _____ *City _____ *Zip _____

Date of Birth _____ *Age _____ *Height _____ *Weight _____

Parent/Guardian _____ Relationship _____

Phone _____ Email _____

Second phone _____ Email _____

*What *phone number* is best used for visit cancellation? _____

What *email* is best used for visit cancellation? _____

In case of an emergency, is there someone we should call? ☐ Yes ☐ No

Contact & Relationship _____ Phone _____

Is there any emergency information or procedures we should follow? (Attach pages as needed.) _____

Client is:

☐ **New to Three Gaits** or ☐ **Returning:** year last participated _____

Additional required forms and fee:

- *Client Release Form with COVID-19 form
- *Medical History & Physician Statement (MUST be signed by M.D. and parent/guardian/self)
- *Prescription Request Form (MUST be signed by referring M.D.)
- *\$117.65 assessment fee (if **private pay, discounted rate of \$100 must be received by cash or check prior to scheduling assessment appointment or \$117.65 rate applies**)

**If your bill should be directed to another (third) party (CLTS/IRIS/other person), list name, phone,

address/email: _____

Three Gaits program policies:

- **Standard (Usual & Customary) Fees:** Therapy (30 min) - \$117.65 per visit, (45 min) - \$176.47 per visit. *One-time assessment fee of \$117.65 applies for all new clients and for returning clients who have not ridden at Three Gaits for more than 1 year.* Payments by credit card or PayPal will incur a 3% fee.
- Discount for **FULL payment by cash/check** when received Friday before classes begin. *No discounts for third party funding.* Payments by credit card or via PayPal will incur an additional 3% fee. Applicable cash/check discounted rates are: Therapy (30 min) - \$100 per visit, (45 min) - \$150 per visit. *One-time assessment fee of \$100.00 applies for all new clients and for returning clients who have not ridden at Three Gaits for more than 1 year, when received by cash/check prior to assessment.*
- Scholarship applications or requests for payment plans must be received prior to the session for which you are participating, or the standard fee applies.
- Payment will be refunded if client is unable to participate in appropriate class and activity, and/or Three Gaits is notified of conflict *prior* to the start of the session. A credit, less any processing fees, will be applied to the account for withdrawal *after* session starts. Refunds given if client withdraws for the entire session due to medical necessity *with written notification from client's medical provider*. **NO REFUNDS OR MAKEUPS will be offered for vacations, temporary illness, or unanticipated circumstances.**
- **Client/family is directly responsible for amounts not authorized or paid for by third party billing sources due to vacations, temporary illness or unanticipated circumstances.**
- Credit will be applied to client's account when Three Gaits cancels your visit(s). Credits *must* be used by end of following calendar year, meaning credits carried from 2021 must be used by end of 2022. *Credits may be donated to Three Gaits Scholarship Fund.*
- Clients with inappropriate shoes (including crocs, sandals, open-toed or open-heeled) and clothing, or arriving more than 10 minutes late, will not be able to join the class. Fees will not be refunded.
- **NO DOGS** allowed on Three Gaits grounds.

I have read, understand and agree to Three Gaits' lesson policies.

Signed: _____ Date: _____
Client (over age 18), Parent or Guardian

For all clients:

Goals: (What would you like to gain from this experience?)

New Clients and those who have had changes

Describe your abilities/difficulties in the following areas (include assistance or equipment needed):

PHYSICAL (Mobility skills such as transfers, walking, wheelchair use, etc.)

PSYCHO-SOCIAL (work, school, leisure, companion animals, fear/concerns)

To be more effective when selecting contractors or service providers, and asking companies and foundations for financial support, Three Gaits requests information on associations and relationships between businesses and our clients, families and volunteers. We will not contact your work or use family members' or your name, without your permission. Thank you in advance.

Name_____ Phone_____

Employer_____ Occupation_____

Do you or a family member belong to any organizations that you would like to share?

Three Gaits welcomes family members and students in other aspects of the program, such as serving as board/committee members, volunteering with events, fundraising or helping at the farm. Do you have any skills or interests you are willing to share?

Other Information you would like to share

FOR OFFICE USE ONLY (Date & Initial):

Assessed_____ By:_____

of Vols: Min_____ Pref _____ GW_____ Form List _____ QB _____