



## Horse Experience Application

### Personal Information

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Home Phone:

Alternate Phone:

Email

Last 4 of SSN or  
Gov't ID:

Birth Date:

Gender:

Relationship Status:

Who do you live  
with?

### Counseling

Have you ever participated in any therapy/counseling programs?  Yes  No

If yes, what worked for you? \_\_\_\_\_

If yes, what did NOT work for you? \_\_\_\_\_

Have you ever had any experiences with Horses/Mules/Donkeys?  Yes  No

If yes, please give a brief description: \_\_\_\_\_

Please select the experiences you may have had (Check all that apply)

- Military Trauma     Sexual Trauma (Non-Military)     Childhood Trauma



Military Sexual Trauma     Sexual Harassment

Please explain any physician diagnosis of physical or mental disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all current chronic medical issues: \_\_\_\_\_  
\_\_\_\_\_ If y

Date of most recent medical exam: \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

### Military History

(if not a veteran, please skip to the next section)

Military Branch:

Air Force.     Army     Navy.     Marines.     Coast Guard

Date Enlisted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Current Status:     Active     Discharged     Reserve     Retired

Please list location and year of all **COMBAT** deployments:

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Location: \_\_\_\_\_ Year: \_\_\_\_\_

Pay Grade at Discharge:    E-\_\_\_\_\_(1-9).    O-\_\_\_\_\_(1-6).    WO-\_\_\_\_\_(1-5)

### First Responder Information

(if not a first responder, skip to the next section)

Fire Fighter     Police Officer     EMT/Paramedic

Other (Please Specify): \_\_\_\_\_

What shift do you work? \_\_\_\_\_

Which city/company do you work for? \_\_\_\_\_

How long have you been a first responder? \_\_\_\_\_



**Emergency Contact Information**

Please list a local person that we may call in case of an emergency. By signing below, I give the staff of Platoon22, and Paradise Stables, LLC permission to call my emergency contact when my health or safety are in eminent danger. I may revoke this permission in writing at any time.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for this event.

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