

**Sebastian Riding Associates, Inc.**

*Therapeutic & Educational Riding Programs for Children & Adults with Disabilities*

3589 B Water Street ♦ Collegeville, PA 19426 ♦ 610-489-3741 ♦ www.sebastianriding.org



**PHYSICIAN'S PRESCRIPTION**

*To be completed by Client's Physician*

Client's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prescription for therapeutic horseback riding with a therapeutic riding instructor  
and/or a prescription for evaluation and treatment by a physical/occupational  
therapist working in conjunction with a therapeutic riding instructor

**Recommended Frequency**

\_\_\_\_\_ 1 Time per Week

\_\_\_\_\_ 2 Times per Week

\_\_\_\_\_ 3 Times per Week

**Precautions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

✓ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

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