

Intake Form



WILLOW POND
STABLES

Name: _____ DOB: _____

Allergies and/or Physical Limitations: _____

Contact Information:

Home Address: _____

Phone Number: _____ Email _____

Parent/Guardian Name: _____ Cell Ph # _____

Parent/Guardian Name: _____ Cell Ph # _____

Emergency Contact Name: _____

Email _____

Relation To Student: _____

Health Insurance Information:

Policy Number _____ Group number _____

Name of Primary Insured _____

Preferred Hospital: Covenant St. Mary's (circle one)

In the event that I _____ am unable to make medical decisions while on Willow Pond Stables property and am without family members present, I authorize Karen Boettcher or a Willow Pond Stables employee to make medical decisions to care for _____ until listed emergency contact is available to make these decisions.

Signature

Date