

Therapist-Assisted Horsemanship™ Clinic

Sarah Schlote, MA, RP, CCC, SEP

Registered Psychotherapist and Somatic Experiencing Practitioner

RIDER APPLICATION FORM

Please return to Sarah at info@equusoma.com

Groundwork Lesson

Riding Lesson

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

May Sarah leave an identifying voicemail at this number? YES _____ NO _____

Horse Name / Age / Breed: _____

How long have you owned / worked with / ridden this horse? _____

Discipline / Level (if applicable): _____

If a Parelli student, which level are you and your horse at? _____

Who is/was your trainer? _____

If not, what horsemanship method(s) / trainer(s) do you use? _____

How frequently do you work with / play with / train with your horse? _____

If known: What is your Humanity type? Your horse's Horsenality type? Or other personality / temperament type assessment: _____

Note: This clinic is not appropriate for stallions or dangerous horses

Challenges and Goals

What common issues or patterns take place between you and your horse?

What emotions tend to come up for you?

When those emotions happen, what happens next (describe any bodily sensations, thoughts, beliefs, or behaviours that unfold)?

Is there anything familiar about these patterns?

Imagine if you had the ideal relationship with your horse. What would be different for you? For your horse? How would you be feeling and relating together?

What gets in the way of that vision?

Are there any historical / adverse experiences (horse- or human-related) that directly or indirectly contribute to the current struggles you are having with your horse?

What are your goals in attending this clinic? What do you hope to gain from the experience?

By signing this document, you understand that an application to a rider spot in the clinic does not mean guaranteed acceptance. Applicants will be contacted to further determine eligibility and fit.

Signature: _____ Date: _____