

RNAI: ASSESSMENT/MOUNTING PLAN (to be renewed annually by group coach)

GROUP: _____ Date of assessment: _____

NAME: _____ Date of birth: _____

Height: _____ Weight: _____

Diagnosis: _____

Additional Problems: _____

Mobility: eg. walking, wheelchair etc.

Behaviour: _____

Splints: _____

Pain: _____

Risk factor: Low: Medium: High:

MOUNTING PLAN

Mounting Equipment: _____
Eg steps, Ramp etc

Mounting Method: _____
Eg. normal, No of helpers

Horse: _____ Size: _____ Type: _____

SPECIAL EQUIPMENT

Stirrups: _____ Reins: _____

Sheepskin: _____ Reins on or off bit: _____

Hats: _____ Size: _____ Type: _____

Helpers: _____

ADDITIONAL NOTES and PRECAUTIONS : _____

Signed Coach: _____

Therapist /Teacher: _____

Carer: _____ Date: _____

