



Unmounted Program Intake Form

Valkyrie Equine Experiences + Valkyrie's Kindred Keep

For equine-assisted learning, coaching, wellness sessions, ranch visits, and other non-riding programs

This intake form helps us welcome your child or family with care and prepare for a safe, supportive experience.

Program Contact Marina Premoli 805-448-0792 valkyrieequineexperiences@gmail.com	Program Location 8451 Creston Road Paso Robles, CA 93446 valkyrieequineexperiences.com
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Participant Information

Participant Name	_____
Date of Birth / Age	_____
Parent/Guardian Name(s)	_____
Phone	_____
Email	_____
Address	_____
City / State / Zip	_____

Emergency Contact

Emergency Contact Name	_____
Relationship	_____
Emergency Phone	_____
Additional Phone	_____



Program Interest

- | | |
|---|--|
| <input type="checkbox"/> Equine-assisted learning | <input type="checkbox"/> Heart-led coaching / mentoring |
| <input type="checkbox"/> Wellness or personal growth sessions | <input type="checkbox"/> Youth / family sessions |
| <input type="checkbox"/> Ground-based horse experiences | <input type="checkbox"/> Ranch visit or educational experience |
| <input type="checkbox"/> Volunteer support / observation | <input type="checkbox"/> Not sure yet - I would like guidance |

Participant Goals & Hopes

What brings you or your child to the program?

What would you most love support with right now?

Is there anything you would like us to know about personality, communication style, or comfort level around horses?

Health, Support & Safety

Allergies or sensitivities (animals, hay, dust, foods, medications, etc.)

Relevant medical, emotional, sensory, or behavioral considerations

Current medications or supports we should be aware of

Anything that helps your child feel safe, regulated, and supported



Participation Preferences

- Parent/guardian will stay on site
- Participant may attend independently if appropriate
- Participant is new to horses
- Participant has previous horse experience
- Participant may need extra transition time
- Participant may benefit from quiet / lower stimulation

Scheduling & Communication

Preferred Days / Times	_____
Best Way to Reach You	_____
Secondary Contact Method	_____

Photo / Media Preference

May photos or video of the participant be used in program, website, or promotional materials?

- Yes No

This preference is optional and may be changed at any time in writing.

Acknowledgment

I understand this intake form is used to help Valkyrie Equine Experiences and Valkyrie's Kindred Keep prepare for safe, thoughtful participation in unmounted programs. I understand that a separate liability release and any additional program paperwork may also be required before services begin.

Participant Name	_____
Parent/Guardian Signature	_____
Printed Name	_____
Date	_____