



## Ranch Guest Application

Thank you for your interest in Remedy Ranch where Individuals and Families that are facing conflicts, challenges or trauma have the opportunity to come together with our horses to find Help for basic needs, Hope through learning about each other and Healing through the relationship that they will build with our Horses in an environment that accepts all people just as Jesus would.

We look forward to the possibility of meeting you and/or your family and sharing our love of Christ through our Ministry and the hospitality of our horses. Please complete one of the following applications for yourself, each child and/or your spouse.

Once this application is complete, please email it to: [Carla@remedyranch.net](mailto:Carla@remedyranch.net) or mail it to: Remedy Ranch, Inc. PO Box 6532 Ventura, CA. 93006

Session Times: Sessions run once a week for 90 minutes per Session from March through October, weather permitting. As we add Session Leaders, we will be able to add Session Times. We have four horses so until we are able to expand to a larger facility, we are limited to how many Sessions that we are able to have. There is no charge or fee for our program, but you may only be able to visit us for one session a month. Please check all the times that you/your child is available to attend and we will try to schedule the session as soon as possible, using a "first come, first served" basis. We will confirm your appointment via email, text or a phone call using your preference notated on the form below. Thank you for contacting us, we look forward to meeting you!

### Parent/Guardian Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing  
Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

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

Child's Name/Self or Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height\*: \_\_\_\_\_ Weight\*: \_\_\_\_\_

My Child Has\* (Medical Diagnosis/Learning Difficulties/Physical Disability, Conflict, Trauma, Challenge...etc.):

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*\*These items are necessary to properly match a horse with the size of the child/adult for safety and comfort.*

**Available Session Times**

*Please Write in the Name of the Participant into the Time Slot below:*

\_\_\_\_\_

9:00 – 10:30 Saturday Session 1: _____	10:00 – 11:30 Saturday Session 2: _____
11:30 – 1:00 Saturday Session 1: _____	12:30 – 2:00 Saturday Session 2: _____
2:00 – 3:30 Saturday Session 1: _____	3:00 – 4:30 Saturday Session 2: _____

*Additional notes or comments:*

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

**Additional Information**

Food Allergies?      YES     NO

If YES, Please Describe: \_\_\_\_\_  
\_\_\_\_\_

On a Special Diet?: \_\_\_\_\_

Communication Skills?: \_\_\_\_\_  
\_\_\_\_\_

What are your goals for you/your child with regards to their participation in this Ministry?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Triggers for behaviors of resistance/frustration/aggression? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best calming approach when upset or frustrated?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best advice for the adult or youth leader that will be assigned to work with my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information that you would like to share, or prayer requests?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your decision to Seek New Life by choosing Remedy Ranch for you and/or your child's experience to find Help, Hope and Healing through a deeper relationship with Jesus using the Hospitality of our Horses!

*“Fear not, for I am with you;  
Be not dismayed, for I am your God.  
I will strengthen you, yes, I will help you,  
I will uphold you with My righteous right hand.”*

Isaiah 41:10