

Certification Manual for CTH **(Certified Therapy Horse)**



Revised 8/2017

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Certified Therapy Horse Association (CTHA, Inc.)

The **Certified Therapy Horse Association (CTHA, Inc.)**, founded as a non-profit in December of 2001, is the **ONLY** Board that certifies horses used in Equine Therapy.

PURPOSE

We certify Therapy Horses to ensure the highest standards and safety in Equine Therapy, and provide appropriations in the field for scientific research, at risk youth, veterans, and Native Americans to enhance the practice worldwide. The Certification process provides public assurance that professionals and Therapy Horses are held to and demonstrate an appropriate level of experience, training, safety, continued education and ethics. While providing for the humane treatment of Therapy Horses, we protect the interests of professionals and clients by providing a system of documentation, communication, and inspection that mandates prerequisite and continued training, regular vet checks, and maintenance of health/feed records, the posting of personal rights for complaints, incident reports, unannounced inspections, complaint investigations, and collaboration with other Governing Boards.

VISION

To implement a universal credentialing system for horses used in Equine Therapy that will ensure professionalism, ethics and public safety, lower liability insurance, enhance credibility and scientific research, and improve the over-all treatment of horses and clients in the field. Through grants to organizations and outreach programs for Equine Therapy, we aim to expand development of the field and as well as accessibility for individuals and specific populations that are in the greatest need of an intensive, yet non-threatening and short-term form of therapy.

OPERATIONS

CTHA offers certification for Therapy Horses (CTH) through a process of extensive training, documentation and inspections. Accreditation through the National Association of Certified Professionals of Equine Therapy (**NACPET**) and dual accreditation (**NACPET & CTHA**) for facilities utilizing certified Equine Therapy staff and/or horses is also available. Annual membership is required for all certified professionals, and these funds help with the operations of CTHA, including certifying Therapy Horses and appropriating grants to other organizations for EAP/EFT growth, scientific research, and no cost services to at-risk youth, veterans, Native Americans, and low income children.

NATIONAL ASSOCIATION OF CERTIFIED PROFESSIONALS OF EQUINE THERAPY (NACPET, Inc.)

The Certified Therapy Horse Association (CTHA) works in conjunction with the **National Association of Certified Professionals of Equine Therapy**, which is the only board that certifies licensed Mental Health/Chemical Dependency Counselors & Therapists as Equine Assisted Counselors/Therapists (CEAC/CEAT) and Equine Professionals with a formal education in Equine Studies/Animal Sciences and/or years of experience in the Equine field as Equine Specialists. Both organizations provide appropriations for scientific research in the field and a variety of support and prevention programs for specific populations who can benefit from Equine Therapy.

INTRODUCTION

Equine Assisted Psychotherapy/Equine Facilitated Therapy (EAP/EFT) is an emerging field in which Certified Therapy Horses are used as significant partners in collaboration with Certified Equine Assisted Therapists/Counselors and Certified Equine Specialists to stimulate growth and development for all individuals and/or groups that have the desire to grow emotionally, mentally, physically and spiritually. It addresses a variety of mental health and human development needs including behavioral issues, Attention Deficit Disorder, substance abuse, eating disorders, trauma/abuse issues, depression, anxiety and communication/relational problems.

EAP/EFT is client-centered and provides hands-on opportunities to experience new solutions and to develop healthy coping skills and tools for effectively realizing and managing internal happiness. This experiential therapy module promotes the exchange of unhealthy behavioral and communication patterns for successful ones, revealed through immediate cause and effect situations. Clients are challenged in a non-threatening and innovative manner, using a method proven to rapidly break down defense mechanisms that interfere with growth and development. EAP is considered "Brief Therapy." It is an intensive, short-term therapeutic approach that effectively stimulates long-term change. Skills that individuals and groups acquire during Equine Assisted Therapy include: self-esteem strategies, communication skills, conflict resolution, anger management, responsibility and accountability. Each EAP/EFT session is conducted by 3 professionals: the Equine Assisted Therapist/Counselor, the Horse Professional, and the Horse, all of whom should be appropriately trained and certified.

CTHA has established the first universal system of guidelines and standards for training of horses used in Equine Therapy. Equine Therapy is growing quickly in the health field and its scope of treatment covers populations ranging from the mentally and physically disabled to those suffering from psychological trauma/disorders, drug addictions, behavioral problems and abuse. The need for certification of Therapy Horses is vital to ensure standards and ethics in the practice, to enhance scientific research and add credibility to the field, and further the progression of Equine Therapy as an effective therapeutic modality for mental health and disability needs. The certification process protects horses' and clients' welfare by providing a system of documentation, communication, and inspection that mandates prerequisite and continued training, regular vet checks, maintenance of health/feed records, the posting of personal rights for complaints, incident reports, unannounced inspections, complaint investigations, and collaboration with other governing boards.

CERTIFICATION

This Certification Manual will guide you through the process of certifying a Therapy Horse. **Certified Therapy Horses (CTH)** must have participated in at least 50 hours of therapy sessions, documented and performed or supervised by certified/licensed professionals in the mental/medical/physical health field, and must be deemed as "Appropriate" by an Equine professional with personal experience of (5) years or more in the Equine field and (50) or more hours of experience and/or training with the horse being examined. The horse must also be recommended for therapy work by another Equine/Mental Health professional who has directly observed the Therapy Horse's work for a minimum of 20 hours, as well as by a veterinarian who has conducted a full physical on the horse, both within six months prior to submission of the application. On-site inspection of the horse by CTHA staff is also required, during which the horse must complete a series of exercises. All certified Therapy Horses and their owners must maintain active membership with CTHA.

Certification must be renewed every two years to ensure that practicing Therapy Horses maintain an appropriate level of training and experience. **Renewal applicants** must submit documentation of the horse's performance in 50 Continued Therapy Hours, as well as documentation that the Therapy Horse has attended (40) hours of additional training outside of their field of expertise.

Professionals with horses who have not yet fulfilled the requirements for CTH can apply for Associate status with NACPET, using the Certification Manual for **Certified Therapy Horse Associate (CTHA)**. An Associate is an intern horse who is in the process of accumulating the minimum amount of documented therapy hours of supervised Equine Therapy sessions required for certification. Associates will have two years to complete all requirements for certification and apply for CTH. The cost of registering as an Associate goes directly toward the cost of CTH certification unless your internship expires.

CTHA

2299 Hunter Road
Lewisburg, TN 37091

Requirements for Certification of Therapy Horse

1. The horse must have participated in at least 50 hours of therapy sessions, documented and performed or supervised by certified/licensed professionals in the mental/medical/physical health field. The sessions may be documented using the Horse Documentation Form provided in the application or using your own form of documentation. You must submit copies of all certifications/licenses/degrees of the documenting Professional(s) to CTHA for filing. *(This includes any and all individuals certified by EAGALA, NARHA, O.K. Corral, or Pegasus ECT, who maintain that certification).*
2. Horse should be deemed as “Appropriate” by an Equine professional with personal experience of (5) years or more in the Equine field and (50) or more hours of experience and/or training with the horse being examined. The Equine professional must submit a resume and copies of any certificate/degrees to CTHA for inspection.
3. The horse must be recommended by an Equine/Mental Health professional who has directly observed the Therapy Horse’s work with client(s)/patient(s) for a minimum of 20 hours within the past six months from application for certification. (The Recommendation Form is provided in the application manual). The reference must submit a resume and copies of any certificate/degrees to CTHA.
4. Must set up an on-site inspection of the horse by CTHA staff, during which the horse must complete a series of exercises, which are outlined in the inspection checklist included in the application. Expenses are included in the certification package, if the horse is approved for certification. However, any false statements made on the application certification and/or renewal will make certification null and void. Also, CTHA reserves the right to deny and/or void certification per CTHA Director’s discretion.
5. Therapy horse must have a full physical and approval for therapy work by a veterinarian within the past 6 months prior to submission of application, and you must supply copies thereof. Horse should be serviceably sound physically, as well as fit. *(Possible exceptions made with veterinarian approval, explanation of specific treatment, ongoing or otherwise, and CTHA Director’s discretion).* Fit includes, but is not limited to, regular worming, hoof care and vaccinations. All should be documented in the horse’s file
6. Must supply CTHA with proof of ownership documentation.
7. Must have liability insurance for self/Organization/Therapy Horse and proof thereof.
8. All certified Therapy Horses and their owners must maintain active membership with CTHA. *A membership constitutes (1) therapy horse and his or her owner(s).* A membership fee of \$45.00, paid online, will need to be submitted annually.
9. Complete the Application Packet for certification, including the Application Form, Application Check List, Statement of Understanding, Horse Documentation Form (use of your own documentation form is permitted), Inspection Check List Form (to review only, if initially Certifying), Code of Ethics, Confidentiality Agreement, Statement of Release of Liability (all participants in the therapy process are encouraged to sign a release of liability), and Patient’s Rights Form.
10. Must submit completed application, a non-refundable processing fee of \$45.00 plus any travel expenses incurred, if applicable, and all required documents to 2299 Hunter Road, Lewisburg, TN. *(If you are applying for certification the first time, any travel expenses may be waived per Director).* If approved for certification, the certification fee of \$250.00 will need to be submitted to the above address, prior to your receipt of the certificate and other provided documentation, such as CTDH Forms and Incident Reports. If there is more than (1) horse that the owner(s)/organization needs to certify, then an application must be filled out for each horse, and the cost of the second or more horse(s) to receive a certification is 50% of the original cost. *(10 or more horses that are to receive certification is 25% of the original cost, after the first horse).* NARHA/ EAGALA/ PEGASUS members, or members of other approved organizations, will receive a (5%) discount on the CTH certification fee only. You must send in proof of active membership with an approved organization with your application. The owners and/or organization must be paid and current with their CTHA membership to qualify for this discount. The discount does not apply to the application-processing fee of \$45.00, which is due when the completed application is submitted to CTHA.

POST CTH CERTIFICATION APPROVAL

Once your horse has been approved for certification as CTH,

1. Horse documentation must be performed by certified/licensed professionals in the mental/medical/physical health field for each therapy session the horse participates in and at least x1 weekly for the Certified Therapy Horse, regardless of active or inactive status, using the Horse Documentation form. (*Horse Documentation Form is provided in CTH Application Manual*).
2. You must submit any and all adverse incidents involving the Therapy Horse that occurred post certification during sessions with client(s)/patient(s). (*Incident Report Form will be provided upon approval of CTH application*).
3. If in the event that CTHA staff must personally view/inspect the perspective/certified Therapy Horse for any reason after the initial certification, the owner(s) is/are financially responsible for any and all expenses incurred. (*Expenses average between \$200.00 and \$1500.00 depending on location of travel for CTHA staff*). Also, in the event that any deficiencies are found, the owner(s)/organization will have a certain amount of time to correct the problem. There are two types of deficiencies: Class A and Class B. Class A deficiencies can result in immediate loss of Certification, if deemed necessary per Director. However, most Class A deficiencies will have (3) days to correct the problem. Class B deficiencies receive (30) days to correct the problem. Any deficiency that has not been corrected in the designated period of time will result in loss of CTHA certification. A list of deficiencies will be provided with approval of certification.

REQUIREMENTS FOR CTH CERTIFICATION RENEWAL

Every two years, CTH certification will need to be renewed, by meeting the following requirements.

1. Must submit the Continued Therapy Documentation Hours (CTDH) Form with Renewal Application to verify that the horse's performance in 50 Continued Therapy w/clients Hours has been documented.

If any professionals have documented the horse's therapy sessions have not already submitted copies of all certifications/licenses/degrees to CTHA for filing, you must submit this information with the renewal application. (*This includes any and all individuals certified by EAGALA, NARHA, O.K. Corral, or Pegasus ECT, who maintain that certification*).
2. Must send documentation that the Therapy Horse has attended (40) hours of additional training outside of their field of expertise. (CTHA must approve training. i.e. English Equitation, Western Equitation, Dressage, Trick Riding)
3. The horse must receive a full physical and approval from vet within 6 months of renewal and you must submit this documentation with renewal application.
4. The horse must complete a series of exercises on VHS/DVD or HD Video, as outlined in the inspection check-list included in the renewal application.
5. Must maintain liability insurance for self/Organization/Therapy Horse and submit proof thereof, which includes having Mickey Kay Troxell/Pegasus ECT/NACPET, Inc./CTHA as additionally insured. Address is 3972 Barranca Parkway; Suite J#608; Irvine, CA 92606.
6. Complete and submit the Renewal Application Form, the Renewal Application Checklist with the documentation described above, a signed Code of Ethics and Patient's Rights Forms, and the renewal fee of \$150.00. If there is more than (1) horse that the owner(s)/organization is renewing certification for, then an application must be filled out for each horse, and the cost of the second or more horse(s) to receive a certification renewal is 50% of the original renewal cost. (*10 or more horses that are to receive certification renewal is 25% of the original renewal cost, after the first horse*). Members of NARHA/ EAGALA/ Pegasus ECT/NACPET/OK Corral Series/other approved organizations, will receive a (5%) discount on the CTH renewal fee, if proof of active membership in one of the above organizations is submitted with the renewal application. Owners and/or organization must be paid and current with their CTHA membership to qualify for this discount.

BENEFITS OF CTHA MEMBERSHIP/CERTIFICATION

- Quarterly newsletter *on-line only (Eventually)*
- Recognition of certification in newsletter (horse and owner(s)/organization)
- Recognition of Active Status on the register as a member and/or Certified and what Level of Certification. Accredited Facilities will also be listed as Active, Inactive or Suspended.
- Approved Schools will be listed in the Registry for CE's and Equine Therapy Approval. School recognition is given to those who chose to become members even if they are not approved; however, the approval status will be so noted.
- CTHA certification and an opportunity to apply for accreditation for your organization.
- Reinforced creditability and distinguished professionalism added to your therapy practice.
- Improving by participation the standards in the field of Equine Therapy.
- Possible employment/independent contractor opportunities
- Discounts on advertising in the CTHA newsletter.
- Discounts from CTHA sponsors on equipment/supplies and future trainings.
- 5% Discount on CTHA certification and renewal only, if maintaining current membership with PATH, EAGALA, Ok Corral Series, CTHA or other approved organizations.
- Proceeds help support **Grants** to Organizations to provide NO COST Equine Therapy to Native Americans, Veterans, At-Risk Youths, Low Income Children.
- Proceeds help support **Grants** to Organizations that promote community outreach for NO COST and sliding scale fees to At-Risk Youths and Low Income Children.
- Proceeds help support **Grants** for Scientific Research, short-term and long-term, to promote credibility and outcome monitoring in this new experiential approach to therapy in the field of Psychology.



Application for Certified Therapy Horse

INSTRUCTIONS:

1. Complete the application form.
 2. Using the Checklist to guide you (pg 13), complete all supporting documentation, including forms that are in this manual as well as additional information. Each form provided in the manual has detailed instructions.
- Incomplete applications will not be accepted. For multiple horses, an application for each horse must be completed. (Print or type below).

Horse Owner(s) Information

Last Name	First Name	Middle Name
Additional Owner(s)		
Last Name	First Name	Middle Name
Social Security Number(s)		These will be used as ID #'s along with Horse Cert. #'s
E-mail Address for Owner(s)		E-mail Address of a Reference
Permanent Address Of Owner(s) (if additional room is needed, please (print or type) on separate piece of paper)		Owner(s) Phone #
Current Address Of Organization, if applicable (if additional room is needed, please (print or type) on separate piece of paper) <i>(Must provide this information, if working for/owning a business where the horse does Therapy)</i>		Organization's Phone #
Driver License State and # and/or other Certification/License/Membership ID #(s) for Reference (i.e. American Quarter Horse Association)		

Therapy Horse Information

Registered/Legal Documented Name of Horse	Nickname/Name usually used for Horse	
Breed <i>(Stallions are not eligible for certification due to unpredictable tendencies).</i>	Color	Sex
<p>Liability Insurance Information: Provide any and all insurance information, including but not limited to: name of the insurance company, name of the insurance agent, address of the insurance company, insurance company's phone number(s), account number(s), and name(s) on the account. Information must be current and accurate. Submit proof of liability insurance with the application.</p>		

**Please Answer Yes or No to the Following Questions
(Circle correct Response)**

1. Is the Therapy Horse being examined deemed "Appropriate"? <small>(if the answer is no, please explain in detail below)</small>	Yes	No
2. Is the Therapy Horse being examined sound Physically? <small>(if the answer is no, please explain in detail below)</small>	Yes	No
3. Is the Therapy Horse being examined considered fit? <small>(if the answer is no, please explain in detail below)</small>	Yes	No
4. Has the Therapy Horse being examined had any major illnesses? <small>(if the answer is yes, please explain in detail below)</small>	Yes	No
5. Has the Therapy Horse being examined had any significant injuries? <small>(if answer is yes, please explain in detail below)</small>	Yes	No
6. Has the Therapy Horse being examined had any surgeries? <small>(if answer is yes, please explain in detail below)</small>	Yes	No
7. Has the Therapy Horse being examined had a full physical and approval for therapy work by a Veterinarian? <small>(if answer is no, please explain in detail below)</small>	Yes	No
8. Has the Therapy Horse being examined completed 50 hours of documented Therapy w/clients Sessions? <small>(if answer is no, please explain in detail below)</small>	Yes	No

Explain in detail the identified questions above

(If additional room is needed, please (print or type) on separate piece of paper)

Question #	

List the Therapy Horse's **Personality Type and Traits**, unusual or otherwise. Please be specific.
(If additional room is needed, please (print or type) on separate piece of paper)

List the all the **training and experience** the Therapy Horse has had (i.e. trail rides, parades, horse shows, rodeos, etc.) Please be specific. (If additional room is needed, please (print or type) on separate piece of paper)

Explain in your own words why this Therapy Horse should be certified or be renewed for certification by **CTHA**
(Explain in your own words why the horse being examined should be certified by CTHA. Please utilize additional paper, if needed. (Needs to be done by owner(s) or a Horse Professional that has had at least 50 hours or more of training and/or experience with the horse being examined. *There are no exceptions*) If additional room is needed, please (print or type) on separate piece of paper)

Consent for the Release of Confidential Information

I, _____, authorize
(Owner(s) Full Name)

(Name of Veterinarian making disclosure)

to disclose to CTHA the following information:

(Check and initial all boxes)

- | | |
|--|--|
| <input type="checkbox"/> Shot Records | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> All other Health related Records, including |
| <input type="checkbox"/> Written Authorization for therapy work. | but not limited to x-rays. |

The purpose of the disclosure authorized herein is to ensure open communication between CTHA and my personal veterinarian, as well as complete documentation of any updates for filing on the Therapy Horse's mental, emotional and physical well-being.

Please initial where indicated

_____ (Owner(s) Initial) I understand that my records are protected under the federal regulations governing confidentiality, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time in writing, except to the extent that action has been taken in reliance on it.

_____ (Owner(s) Initial) I understand that this consent expires automatically 2 years from the date signed below.

_____ (Owner(s) Initial) I understand that by signing this consent to release information, I am also stating that everything documented in this application and/or renewal for certification and on supporting documentation, is true. Any false statements/documentation will make certification null and void. The Director of CTHA reserves the right to deny and/or void certification per her discretion.

Owner(s) Signature: _____

Dated: _____

CTHA Staff: _____

Dated: _____

CTHA Certified Therapy Horse Association

APPLICATION CHECKLIST

The Check List includes all additional information that is needed in order to complete the application process

Approval for Certification or Recertification as CTH requires submission of a completed application, fees, and forms (which are provided in this manual). Each form provides detailed instructions for completion. There is also additional information listed below that must be submitted with the CTH application. INCOMPLETE applications will not be accepted; please complete all required forms and documentation thoroughly and accurately. Questions regarding the application for CTHA may be answered via phone at 714-620-4353 or e-mailed to info@ctha.us or info@pegasusect.com

Return the application to: CTHA 2299 Hunter Road, Lewisburg TN, 37091. Must supply the originals or copy of originals, when appropriate, of all documentation requested. ***Faxed copies of these forms will not be accepted. You may use Adobe to Sign and email to send.***

• **First-time applicants are CTH applicants who do not have CTH Associate status**

A COMPLETE APPLICATION PACKET INCLUDES:

- A completed Application Form
- A completed Application Check List
- Submission of clear colored pictures of Therapy Horse from all 4 sides. (*1st time applicants only*)
- A copy of Proof of Ownership of the horse.
- A copy of Liability Insurance for Owner/Organization/Therapy Horse
- A copy of a full physical and approval by Veterinarian, completed and signed by Vet within the past 6 months.
- A signed Statement of Understanding
- A copy of documentation of 50 Therapy w/clients Hours, using your own form or the Horse Documentation Form. (See the Horse Documentation Form for details).
- Proof* of 40 hrs of training outside of therapy. See Application for details. (**Renewal**)
- Copies of resumes/Certifications/Licenses/Degrees of the professional(s) who has/have documented the horses therapy hours,
- A sealed and completed Recommendation Form with the reference's resume/copies of certificates/degrees is to be *sent in with the application or by the reference*
- A completed and signed Deemed Appropriate Form
- A signed Code of Ethics
- A signed Confidentiality Agreement (*1st time applicants only*)
- A signed Patient's Rights Form
- A signed Statement of Release of Liability (*1st time applicants only*)
- A non-refundable processing fee of \$45.00 (*1st time applicants only*)
- Certification/Registration fee of \$250.00 or recertification fee of \$150.00– see fee sheet for details/discounts
- Late Fee \$50.00 (**45 days or more past Renewal date**)
- Copies of active Memberships in EAGALA/PATH/OK Corral/Pegasus ECT (*optional for 5% discounts on Certification Fee only*)
- Basic Membership fee \$150.00 (membership must be current)

FOR OFFICE USE ONLY (Initial do not check)

- APPLICATION
- PHOTOS (4)
- PROOF OF OWNERSHIP
- COPIES OF LIABILITY
- COPIES OF VET CHECK
- STMT OF UNDERSTANDING
- COPIES OF 50 THERAPY HRS
- PROOF OF 40 HRS TRAINING
- COPIES OF RESUME / DEGREES
- DEEMED APPROPRIATE FORM
- SEALED RECOMMEND FORM
- CODE OF ETHICS
- CONFIDENTIALITY AGREEMENT
- PATIENT'S RIGHTS
- STMT OF RELEASE OF LIABILITY
- PROCESS FEE/MEMBERSHIP FEE
- CERTIFICATION/RE-CERT FEE
- EAGALA, PATH, OK CORAL SERIES, PEGASUS MEMBER

ACKNOWLEDGEMENT

I confirm that I have reviewed the Certification Manual for CTH (Certified Therapy Horse) through CTHA (The Certified Therapy Horse Association) and understand that approval is offered at the discretion of the Executive Director of CTHA, Mickey Kay Troxell, CATC II, CEAT II, and is contingent upon satisfactory behavior of Owner(s)/Organization/Therapy Horse during the certification process and thereafter.

Name of Owner(s) Please Print

Signature

Date

(CTHA) Certified Therapy Horse Association

STATEMENT OF UNDERSTANDING

This document is to assist you in understanding your responsibilities and the criteria/requirements for certification.

ETHICS AWARENESS

As part of the Certified Therapy Horse Association (CTHA) you will be required to read and sign a Code of Ethics. Please be aware that most certification/ license programs require the same during the process.

_____ I understand that I and those I deem appropriate must follow and maintain CTHA's Code of Ethics at all times during the certification period of my therapy horse.

_____ I understand it is my responsibility to ensure that the Code of Ethics is followed and maintained.

_____ I understand that certification of my Therapy Horse or the opportunity to have my Therapy Horse certified can be made null and void, per the CTHA Director's discretion, if the Code of Ethics is not followed.

_____ I understand if I am unable to meet the responsibility noted above, it is in the best interest of CTHA, Inc. and CTHA Certified Professionals to reconsider my certification at this time.

_____ I understand if I want to discuss this matter confidentially, I may contact CTHA at (714) 620-4353.

CRITERIA/REQUIREMENTS FOR CERTIFICATION

_____ I understand that a Certified Therapy Horse (CTH) is a specialized professional that demonstrates the highest standards in experience, training, safety, and continued education in the field of Equine Assisted Psychotherapy. These professionals work directly with people of all ages to promote growth and development with the utilization of a short-term and intensive therapeutic modality, which is documented thoroughly and supervised by the certification board of CTHA, Inc.

_____ I understand that I must disclose horses age, breed, color, and sex. (**Stallions are not eligible for certification due to unpredictable tendencies**).

_____ I understand that I must disclose any major illnesses, injuries or surgeries horse has had in the past.

_____ I understand that I must list the horse's personality type and traits, unusual or otherwise.

_____ I understand that I must list all training and experience the horse has had around people (i.e. trail rides, parades, horse shows, rodeos etc.)

_____ I understand that my horse should be physically sound, as well as fit. (**Possible exceptions made w/vet approval, explanation of specific Tx, ongoing or otherwise, and CTHA Director's discretion**). Fit includes, but is not limited to, regular worming, hoof care and vaccinations. All should be documented in the horse's file.

_____ I understand that my Therapy Horse must have a full physical and approval for therapy work by veterinarian within the past 6 months prior to submission of application for certification. If approved for certification, a full physical and approval from vet is also needed for renewal every 2 years. You must submit copies of these records with certification and renewal applications.

_____ I understand that I must submit clear colored pictures of horse from all four sides. (*1st time applicant only*)

_____ I understand that my therapy horse must have **50 hours** of documented therapy w/clients hours and I must submit copies of the documentation to CTHA with my application for Certification. (*Use Horse Documentation Form provided in CTH certification manual, or you may use your own form for initial certification*). After certification approval, you must use the Horse Documentation Form provided in the CTH certification manual to document the horse's participation in 50 hours of continued therapy hours every two years for renewal of certification. All horse documentation must be performed by certified/licensed professionals in the mental/medical/physical health field and the documenting professionals must submit copies of all certifications/licenses/degrees to CTHA for filing. Horse documentation for renewal must be completed for each session the horse participates in and at least *x/1* weekly for the certified therapy horse, regardless of active or inactive status. The CTDH (Continued Therapy Documentation Hours) Form will need to be submitted with Renewal Application to verify that horse documentation has been completed.

_____ I understand that I must submit a **Recommendation Form**, (sent separate from application if mailed by Reference), completed by an Equine/Mental Health professional who has directly observed the Therapy Horse's work with client(s)/patient(s) for a minimum of 20 hours within the past six months from application for CTH. (The Recommendation Form is provided in the CTH certification manual).

_____ I understand that upon receipt and review of my application for certification, CTHA will set up an on-site inspection of the horse by CTHA staff (expenses are included in certification package, if horse is approved for certification). However, any false statements made on the application and/or renewal for certification will make certification null and void. Also, CTHA reserves the right to deny and/or void certification per the CTHA Director's discretion. *The On-Site Inspection maybe waived under special circumstances per CTHA Director's discretion. (1st time applicant only)*. I also understand that my horse must complete a series of exercises during on-site inspection for initial verification, and on VHS/DVD or HD Video for renewal of certification, (Inspection check list outlines the exercises and is included in CTH and Renewal applications).

_____ I understand that I must have **liability insurance** for self/organization/Therapy Horse and proof thereof for certification and renewal.

_____ I understand that I must supply CTHA with proof of ownership documentation. (*1st time applicant only*)

_____ I understand that there is an application fee of **\$45.00** (First-time Applicants only).

_____ **I understand that I must maintain a CTHA membership, and the Basic membership Fee is \$150.00 to begin the process of Initial Certification and for Renewal (Must be Paid , not applicable if you are a current and paid Member). I understand that CTHA Membership fees are due on an annual basis. [A membership constitutes (1) Therapy Horse and his or her owner(s)]. For Initial Application/Certification only: \$450.00 to complete the Supreme Membership and an additional \$650.00 for the Ultimate Membership completed and be current to submit Initial Application/Portfolio. For renewal of Certification, \$150.00 Basic Membership must be current And paid annually.**

_____ I understand that all fees are nonrefundable.

_____ I understand that I must submit the non-refundable processing fee of \$45.00 (*if applying for certification the first time which excludes applicants with CTHA status, and renewal applicants*), a completed CTH application, plus any travel expenses incurred, if applicable, and all required documents to CTHA @ 2299 Hunter Road, Lewisburg, TN 37091. If approved for certification, the CTH certification fee of **\$250.00** will need to be submitted, prior to receipt of certificate and other provided documentation, such as Incident Reports, to the above address. *If there is more than (1) horse that the owner(s)/ organization needs to certify, then an application must be filled out for each horse, and the cost of the second or more horses to receive a certification is 50% of the original cost (10 or more horses that are to receive a certification is 25% of the original cost, after the first horse).* The above discounts apply to CTH Associate and CTH certification fees.

_____ I understand that I may submit proof of current and paid membership with EAGALA, PATH, PEGASUS ECT or other Approved organizations to qualify for a 5% discount on my Associate certification fee, CTH certification fee and CTH certification Renewal fee. (You must send proof of active membership with the above organizations with the application to receive a discount). I and/or my organization must also be paid/current with CTHA membership to receive this discount. Discounts do not include the one time non-refundable application-processing fee of \$45.00 or **Annual Basic Membership Fee of \$150.00**, which can be paid on-line. **Late Fees are 45 days past Renewal dates. That Fee is \$50.00, with no exception.**

_____ I understand that if I am renewing my horse’s certification there is a renewal fee of **\$150.00** (Good for two years from the date of your renewal). I also understand that in order to renew my horse’s certification I must submit the application for Certification Renewal, along with all required documentation, as specified in the Renewal Application., including a current VHS/DVD or HD Video of horse doing specific exercises that are outlined in the Inspection Check List provided in the Certification/Renewal Manual. Upon the approval of your Renewal Application, a new certificate will be sent out because all certificates expire 2 years from the date issued. **For Renewal: Must Maintain a Basic Membership, which is a minimum \$150.00 annually.**

_____ I understand that once approved for certification, I must submit any and all adverse incidents involving the Therapy Horse that occur post certification during sessions with client(s)/patient(s). (*Incident Report Form will be provided post certification*)

_____ Submit a completed **Deemed Appropriate** Form by a qualified Horse Professional. See instructions on form.

_____ I understand that I must sign and post a copy of the **Patient’s Rights** document in a visible area for clients/patients to view.

_____ I understand that every 2 years the therapy horse must attend (40) hours of additional training outside of their field of expertise, and I must send proof thereof with Certification Renewal application. (*CTHA must approve training*)

_____ I understand that in the event that CTHA staff must personally view/inspect the perspective/certified Therapy Horse(s) for any reason after initial certification, the owner(s) is/are financially responsible for any and all expenses incurred. (*Expenses average between \$200.00 and \$1500.00 depending on location of travel for CTHA staff*). In the event that any **deficiencies** are found, the owner(s)/ organization will have a certain amount of time to correct the problem. There are two types of deficiencies: **Class A and Class B**: Class A deficiencies can result in immediate loss of certification, if deemed necessary per CTHA Board members. However, any deficiency that has not been corrected in the designated period of time will result in the loss of Certification with CTHA. A list of deficiencies will be provided with approval of certification.

_____ I understand that I must submit a signed original of this form, the **Statement of Understanding**. (First-time applicants only).

_____ I understand that I must submit a signed original of the **Code of Ethics**.

_____ I understand that I must submit a signed original of the **Confidentiality Agreement**. (First-time applicants only). If any form is revised, you will be sent a new form when it is time for you to renew.

_____ I understand that I must submit a signed original of the **Patient’s Rights**. (A copy of this Form should be posted where it is Visible to all clients and staff).

_____ I understand that I must submit a signed original of the **Statement of Release of Liability**. (First-time applicants only).

_____ I understand and declare that the information provided in the application and with the supporting documentation is true and authentic. The applicant understands that if at any time it is shown that the information or documentation provided is not true or is misrepresented, any fees that have been paid will be forfeited by the applicant, and certification of the Therapy Horse may be revoked.

I confirm I have read, understood, and initialed each of the items listed above and that it is my responsibility to retain a copy of this document for my records. I am aware if I do not initial each item, my application to CTHA will not be accepted.

Owner(s) Signature(s): _____

Dated: _____

Dated: _____

CTHA Staff: _____

Dated: _____

Deemed “Appropriate” Form

Please provide this form to an Equine professional with personal experience of (5) years or more in the Equine field and (50) or more hours of experience and/or training with the horse being examined. The Equine professional must sign, date. And return the document to CTHA, as well as submit a resume and copies of any certificate/degrees to CTHA for inspection.

I, _____, do here by deem this
(Print Full Legal Name)

Therapy Horse “Appropriate.” I have had at least **5 years**’ experience/expertise in the horse field, and I have Had **50 hours** of experience and/or training with the Therapy Horse being examined. Along with this form, I will Send in any and all certificates/degrees and my resume to the address listed below for inspection.

(Therapy Horse’s Registered Name)

(Horse Professional’s Driver’s License # and State issued)

(Horse Professional’s Last 4 Numbers of SS#)

_____ (Initial) I understand by signing this form, I am agreeing not to sue for any damages, and I am relieving **NACPET Inc., CTHA** of any and all legal responsibility and liability should something happen causing harm to self and/or anyone or anything.

Horse Professional’s Signature

Date

(CTHA) Certified Therapy Horse Association RECOMMENDATION FORM

WRITE OUT REGISTERED AND/OR LEGALLY DOCUMENTED NAME OF THERAPY HORSE (PLEASE PRINT, AND DATE)

Printed Name: _____

Date: _____

To the Owner(s): Provide this recommendation form to a licensed/certified **Mental Health Professional in Equine Therapy/a Horse Professional** (Horse professional must have (5) or more years experience in the horse field) who has directly observed the Therapy Horse participating in Equine Therapy with Client(s)/Patient(s) within the age group you and/or your Organization work with. This Professional, (the Endorser/Reference), is signing off your work experience, which may have been either voluntary or paid but must have occurred in a structured setting for a minimum of **20 hours** and within the past **6 months** from the date of this form.

Observance of the horse outside of the Therapy session, in regard to horsemanship and daily care, **cannot** be used for the recommendation. Family and personal friends are **not** considered professional references. The horse professional that has signed and notarized the deemed appropriate form is **not** considered appropriate to fill out this form. Professors **cannot** be used as a reference unless they have directly observed the Horse working with client(s)/patient(s).

Before providing this form to your Endorser/Reference, please complete this section.

I understand that I may review this completed form; however, waiving the right to have access to the Recommendation Form will establish confidentiality and trust to ensure that the Endorser/Reference is comfortable documenting accurately below. The Endorser/Reference must place the completed form in a signed and sealed envelope, if the Professional applying for Certification has waived their rights, and return the envelope to CTHA, Inc, separate from the rest of the Application Packet.

If you believe it might be to your advantage to **not** waive your rights, and to read this form of recommendation, so indicate below. If you waive your rights to the form, our professional staff will continue to give you information about the contents of your Application Review File at your request, but will not show you the form or identify the individual making specific comments.

_____ (Owner(s) Initials) I waive my rights.

_____ (Owner's Initials) I do not waive my rights.

Owner(s) Signature: _____

To the Endorser/Reference: The owner(s) of the Therapy Horse identified above is/are applying for certification with CTHA. Your appraisal of this Therapy Horse will help to determine if they have the qualifications necessary to be Certified and if Certification would be beneficial to the horse, its owner(s), CTHA, and the field of Equine Therapy. Please read the entire form and complete the section below. Please also retain a copy of this form for your records.

Please mail the completed recommendation form, **along with your resume and any certificates/degrees**, in a signed and sealed envelope to **CTHA: The Certified Therapy Horse Association 2299 Hunter Road, Lewisburg, TN 37091; Attn: Application Review**, if the Individual/Professional has waived their rights to inspect the completed form. If they have not waived their rights to access, return the completed form to the Individual along with copies of your resume and any certificates/degrees. . Please feel free to contact CTHA, with any questions or concerns by mail, or by **phone at (714) 620-4353**

1. Did the therapy horse being examined for certification work in a structured setting doing Equine Therapy for a minimum of **20 hrs**? **Yes** **No**
2. Did you directly observe the therapy horse in question? **Yes** **No**
3. With what age group did the therapy horse work with? Is this the age group that the horse usually works with? **Yes** **No**
4. Please rank the therapy horse based **only** on a perceptive and/or observatory basis using the following scale:
0 = not observed, 1 = lacking/ none, 2 = moderate/some, 3 = above average/often, 4 = exceptional/all the time

Interaction with client(s)/patient(s), seemed appropriate:	0	1	2	3	4	Ability to work through difficulty:	0	1	2	3	4
Dependability, in regards to safety around others:	0	1	2	3	4	Tolerance level:	0	1	2	3	4
Exhibited habits such as biting/nipping:	0	1	2	3	4	Appeared stable emotionally and mentally:	0	1	2	3	4
The horse's physical fitness:	0	1	2	3	4	Seemed to promote growth:	0	1	2	3	4
5. Do you recommend this horse for certification with **CTHA**, as a CTH (Certified Therapy Horse)? **Yes** **No**
6. Additional Comments:

Endorser/Reference's Name (Please Print) _____

Endorser/Reference's Signature _____

Date

Title

Day Time Phone Number

CTHA
2299 Hunter Road
Lewisburg, TN 37091

Code of Ethics for Owners/Professionals/Members of CTHA

I, _____ do hereby agree to the following:
(Print Name)

That I will:

- Not discriminate against any client or professional based upon their race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition
- Insure objectivity and integrity, and maintain the highest standards in the services of Equine Assisted Psychotherapy and/or Equine Therapy.
- Recognize that the profession is founded on national standards of competence, which promote the best interest of society, the client, professionals and the profession as a whole.
- Recognize the need for ongoing education as a component of professional competency.
- Do my best to prevent the practice and/or the treatment of mental/medical/physical health by unqualified persons.
- Report any unethical conduct or unprofessional modes of practice to appropriate authorities, which includes reporting any and all unethical conduct/violations to CTHA.
- Report any and all harmful incidents involving the Therapy Horse(s) utilized in my profession to CTHA immediately, according to my agreement for certification.
- Recognize my own boundaries and limitations and not offer services outside of my competencies. This also includes the recognition of any and all limitations and personality traits of the Therapy Horse(s) utilized in my profession that may compromise the client's safety.
- Recognize the effect of professional impairment with regards to unprofessional performance and be willing to seek appropriate treatment for myself or for my colleagues.
- Uphold the legal and accepted moral code, which pertains to professional conduct.
- Not claim directly or by implication, professional qualifications/affiliations that I do not possess.
- Be responsible and professional regarding how I present myself and the Therapy Horse(s) utilized in my practice in any possible publications, books or media.
- Respect the integrity and protect the welfare of the clientele with whom I am working.
- Be concerned primarily with the welfare of the client in the presence of professional conflict.
- Terminate counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- Assume responsibility in referral cases for the client's welfare either by termination of consulting relationship by mutual agreement and/or by the client becoming engaged with another professional. In situations when the client refuses treatment, referral or recommendations, I should carefully consider the welfare of the client.
- Obtain a release of information in written form and a consent to contact in written form before discussing client or client welfare with any other person whether this person is professional or not.

- Not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client emotionally or physically.
- Collaborate with other health-care/horse professionals in providing a supportive environment for the client who is receiving approved prescribed medication that may jeopardize the client's safety.
- Protect the privacy of the client and will not disclose confidential information acquired in teaching, practice or investigation.
- Inform the client and reach an agreement in areas likely to affect the client's participation in Equine Therapy/training/instruction including the recording of an interview, the use of interview material for training purposes, and the observation of an interview by another person.
- Make provisions for the maintenance of confidentiality and the ultimate disposition of confidential record.
- Reveal information received in confidence only when there is clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities.
- Discuss information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes squarely concerned with the case. Written and oral reports should present only data for the purpose of evaluation and every effort should be made to avoid undue invasion of privacy.
- Inform prospective clients of the important aspects of the medical/clinical/professional relationship.
- Not enter into a professional relationship, if this relationship should have potential to jeopardize CTHA or the client's welfare.
- Not engage in any type of sexual activity with the client.
- Cooperate with the state of California, SPSCA, Other Governing State/National/International Boards and/or Providences, Board of Behavioral Sciences, CTHA, EAGALA/NARHA professional ethics committees and the CCAPP/CAADE counseling code of ethics.
- Not accept any private fee or any other gift or gratuity for professional work with a client who is entitled to such services indicated by a contract that was initiated by CTHA.
- Discuss any former client with the Director of CTHA, after obtaining appropriate signed consent, before engaging in any personal, professional or business relationship.
- Be responsible and accountable in maintaining any and all requirements for certification and membership with CTHA.

I have read and understand these suggestions; In fact, I have retained a copy for my records.

Member(s) Signature: _____

Dated: _____

Dated: _____

CTHA Authorized Staff: _____

Date: _____

Confidentiality Agreement

In keeping with CTHA's Code of Ethics, Regulations and Statement of Understanding,

I _____ do hereby agree to the following:
(Print Name)

- 1- That I will not discuss client/patient status with entities or anyone outside of CTHA and/or other forms of Equine Therapy. This includes people asking me about others outside of the place and staff of therapy.
- 2- That I will not discuss client/patient information with any other client unless it pertains directly to that person's treatment.
- 3- That I will not take any classified client/patient material outside of CTHA and/or other forms of therapy at any time.
- 4- That I will obtain the client's consent before acknowledging the client's participation in therapy.
- 5- That I will inform those who we do not have a consent with of the following:

"I cannot confirm or deny that this person is here. What I will do is take a written message, and if they are here, I will give it to them."

- *I have received a copy of this signed document.*

Owner(s) Signature	Print Name	Date
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Authorizing Signature of Organization, if applicable	Title	Print Name	Date
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CTHA Staff	Print Name	Date
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Patient's Rights

In Accordance with CTHA's Code of Ethics, CTHA Regulations and Statement of Understanding, each person receiving services for any kind of Equine Therapy shall have rights, which include, but are not limited to, the following:

The right to confidentiality as provided for in Title 42 CFR, Section 2.1 through 2.67-1, Code of Federal Regulations, which includes HIPAA (Compliance Date: 2004).

To be accorded dignity in personal relationships with staff and other individuals.

To be accorded safe, healthful, and comfortable accommodations to meet his/her needs.

To be free from intellectual, emotional and/or physical abuse.

To be informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of CTHA, Inc.

To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor, provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only.

Complaints

In accordance with CTHA's Code of Ethics, CTHA Regulations and Statement of Understanding, any individual may request an inspection of an Individual Professional, a Therapy Horse Owner, or an Organization. All complaints will be investigated and can be submitted anonymously. Complaints should be directed to:

CTHA
2299 Hunter Road
Lewisburg, TN 37091

Acknowledgement

I _____ have been personally advised and have received a copy of
(Print Name)

Patient's rights and have been informed of and presented with the provisions for complaints made at the time of Client's/Patient's participation and/or visit with (a) Certified Professional / Certified or Accredited Therapy Horse Owner(s) / Accredited Organization who is/are currently providing Equine Therapy for them and are members of CTHA. I will post a copy of this document for Clients/Patients to read and be aware of during their therapy process.

Member's Signature

Title

Date

CTHA Representative Authorized Signature

Date

CTHA

Statement of Release of Liability

WITNESS THIS AGREEMENT this _____ day of _____, 20_____,
by and between Therapy Horse owner(s)/organization, hereinafter referred to as releaser, and CTHA, Inc.,
hereinafter referred to as CTHA. For consideration received, and in return for the use, today and on all future dates,
of certification and services of CTHA and releaser's, hereby agree to the following:

1. **Inherent Risks and Assumption of Risk:** The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to, the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in injury, harm or death to persons on or around them, the unpredictability of equine(s) reaction to such things as sounds, sudden movement, unfamiliar objects, persons and other animals, certain hazards such as surface and subsurface conditions, collisions with other animals, the limited availability of emergency medical care, and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.
2. Releaser acknowledges that horses, by their very nature, are unpredictable and subject to animal whim. Releaser assumes all risks in connection therewith, and expressly waives any claims for injury or loss arising therefrom. Releaser agrees to abide by and follow CTHA rules and regulations, which are in the application packet and may be revised from time to time. Releaser further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the Releaser. Releaser assumes all risks therefore and warrants that a full and fair disclosure of the Releaser's abilities has been made to CTHA.
3. Releaser expressly releases CTHA from any and all claims for personal injury or property damage, even if caused by negligence, (if allowed by the laws of this State), of CTHA or its representatives, agents or employees.

WARNING

You are advised that there are inherent risks, including the risk of serious injury or death, while engaging in equine activities. By engaging in equine activities and in accordance with the terms of this agreement you hereby assume all risks of injury or death.

4. Releaser agrees to indemnify and defend NACPET against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Releaser's use of certification by NACPET.
5. In the event Releaser is using Releaser's own horse, or (a) horse(s) not owned or leased by CTHA, Releaser warrants said horse(s) be free from infection, and contagious or transmittable diseases. CTHA reserves the right to refuse access or use of any horse for certification that does not appear to CTHA to be in good health, or is deemed dangerous or undesirable.
6. Any action brought under this agreement shall be brought within one (1) year of the incident or accident giving rise to said claim. Releaser agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$100, 000 for damages such as pain and suffering.
7. Releaser agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

Owner Signature

Date

Owner's Name (Please Print)

Organization Name, if applicable (Please Print)

Representative (Please Print)

Representative Signature, Title

Date

Horse Professional Signature

Date

Inspection Check List

INSTRUCTIONS: This form is to be completed by CTHA staff for initial certification during on-site inspection, (which will be set up by CTHA upon receipt and review of your CTH application), The individual performing the inspection will be known hereafter as the "Evaluator." Each box must be checked off and initialed by the Evaluator upon completion of the pre-designed exercises. If this is a renewal, a video of Therapy Horse doing the exercises, from all angles, needs to be sent in with this form. When an exercise is designated to be performed more than once, it will be therefore be stated and it must be done repetitively. Comments are used to describe details about the horse and/or exercise, if applicable. If more room is needed in the comments portion, please use additional paper. (For initial certification, on-site inspection by CTHA staff maybe waived due to special circumstances, per CTHA Director's discretion). Also, for miniature horses and/or other animals used in AAI, a special evaluation checklist will be put together based on what the Animal will be utilized in and whether seeking Certification or Registration. Mini Horses will be required to perform some of the below desensitization skills that are deemed appropriate by CTHA, marked by (*)

1. (____) Two ground poles are placed approximately 18 inches apart. Therapy horse walks over both poles simultaneously with the Evaluator leading using halter and lead line. This exercise is to be repeated 4 times. *

Comments: _____

2. (____) 1-foot jump is set up. Therapy horse jumps over it with the assistance of a lounge-line. Lounge-line can be attached or unattached. Repeat the exercise 6 times.

Comments: _____

3. (____) Evaluator picks up and cleans all four feet, one at a time, using a hoof pick. Repeat x3. *

Comments: _____

4. (____) Halter and lead line is used by the Evaluator to lead horse around at a walk, then a trot. Perform each gait for at least 15 seconds and repeat x3.

Comments: _____

5. (____) Lead line needed. Evaluator picks up lead line and makes a windmill motion for 10 seconds with the lead line approximately 2 feet away from the horse's head. Repeat x3. *

Comments: _____

6. (____) Lounge-line needed. Evaluator lounges the horse in both directions for 60 seconds. Repeat x3. Then, lounge the horse without the lounge-line in both directions for 30 seconds. Repeat x3

Comments: _____

7. (____) Perform emergency dismount, meaning: Sit on horse bareback and put head into the side of the neck of the horse, rap hands around neck and swing down off the horse on the side head is planted on. Swing on neck, then firmly plant feet on the ground). Perform this exercise x2 at the stand, x4 at the walk and x4 at the trot, (a total of x10).

Comments: _____

8. (____) Halter and Lead line needed. Evaluator ground ties the horse for 10 seconds. Repeat x3 *

Comments: _____

9. (____) Turn horse out with at least one other horse for 2 minutes. Repeat x2 *

Comments: _____

10. (_____) Large tarp needed. Evaluator walks horse over tarp x3 *

Comments: _____

11. (_____) Plastic bag and horse blanket needed. Evaluator rubs horse from top to bottom/head to hoof with the horse blanket, Then with plastic bag. Repeat x2 *

Comments: _____

12. (_____) Tie horse to hitching post for 1 minute. Cross ties for 1 minute. Repeat x3 *

Comments: _____

13. (_____) Saddle and bridle needed. Evaluator instructs owner or representative to saddles and bridles horse quickly in under 1 minute. Repeat x2. (For Mini Horse, put on set-up for going in the public) *

Comments: _____

14. (_____) Halter and lead line needed. Walk horse thru water x2 repeatedly, and walk horse thru mud x2 repeatedly. *

Comments: _____

15. (_____) 1 fly mask that covers the face and ears is needed. Place fly mask on horse and leave on for the remainder of the check list exercises. *

Comments: _____

16. (_____) Using (4) different basic obstacles negotiate horse thru them with a halter and lead line. Repeat x3. (i.e. tires, ground poles, plastic, cones, etc.) *

Comments: _____

17. (_____) Evaluator honks the horn of a car in close proximity 6 to 12 feet (no more than 20 feet from the horse) Repeat x3. Then, open an umbrella, use an megaphone, clap hands and waves arms around approximately 10 to 12 inches from the horse's head, whistles, drags a bag of shavings approximately 8 feet away from horse, and then screams. This exercises are to be performed x3. *

Comments: _____

Please circle one of the following that completes the sentence, I am: CTHA Staff / Owner of Horse / Designated Horse Professional

Evaluator's Signature

Print Name

Date

Potty Training for Miniatures and Full Size Animals For various forms of AAI Indoor Registration and/or Certification ONLY

- 1) Start with bringing your Mini or Full Size Animal into an enclosed area, such as a garage for brief periods of time 5-10 or even 15 minutes before taking them outside to go to the restroom. When they do relieve themselves, give them a favorite treat.
- 2) Repeat the process over and over and gradually extend the time (10mins-1hr) indoors over days, weeks and months. Include different indoor settings along the way. However, generally speaking for any registration or certification for any Animal Therapy or Assisted Intervention, Mini or Full Size Animal must show that they are potty trained for indoor time span of at least **20 mins**.
- 3) Begin the process of having your Mini or Full Size Animal relieve themselves in or near your approved Waste Deposal.
- 4) Continue the process until your Mini or Full Size Animal is comfortable and Desensitized with approved Waste Deposal.
- 5) **No Manure Bags permitted during Evaluations; or even after Evaluation, in some indoor facilities due to Health Standards. Set up your therapeutic activities around your “Approved Potty Trained” timing.**
- 6) Carry your own Waste Deposal (must be approved) with you, so you will not affect Health of the public. Manure Bags maybe used outside the facility, as an approved Deposal. However, you may want to have a manure can as well. If it isn't appropriate for the Mini or Full Size Animal to Urinate outside, a red urinal tube is necessary.
- 7) Proper Disposal of Waste is **“Mandatory”**. If you do not have a Waste Deposal on your property or place where Mini or Full Side Animal is Residing, Registration and/or Certification **will not Be Approved for Indoors**.