

VETERAN INTAKE FORM

Student: _____

Date of birth: _____

Address: _____

Phone: _____ E-mail: _____

Race/Ethnicity: _____

Military Service: _____

Mental Health Diagnosis: _____

Are you a Combat Veteran? _____ If so, which conflict(s) did you serve during?

Disability Status: _____

Treatment Status: _____

Horse Experience: _____



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