BLUE MOUNTAIN THERAPEUTIC RIDING
1150 VALLEY ST.
WALLA WALLA, WASHINGTON 99362
Mailing Address: PO Box 761 College Place, WA 99324

PHYSICIAN'S SURGICAL RELEASE

POST OPERATION OR HOSPITALIZATION

_____(NAME OF PARTICIPANT), who has recently been hospitalized or operated upon for:_____

May resume riding in the Blue Mountain Therapeutic Riding Program with the following stipulations:

_____

_____

_____

Date: Signature:

Printed Name of Physician: _____

Address: _____

_____

Telephone No: _____