



## **Rainshadow Ranch**

*a SpiritHorse equine assisted therapy center*

**Special Horses Helping People with Special Needs**

18275 Serengeti Drive Murrieta CA 92562

714-402-0296

[www.rainshadowranch.org](http://www.rainshadowranch.org)

Rainshadow Ranch was licensed by SpiritHorse International [www.shionline.org](http://www.shionline.org) in 2012. Since then we have served hundreds of individuals with a variety of special needs, helping them achieve their goals and reach their potential through interaction with horses.

The SpiritHorse program is a targeted medical approach, adapted to the needs of each individual and their particular challenges. We use, repetition, the motion of the horse, sequencing, balance, eye hand coordination, vestibular training, and specific exercises done on horseback to strengthen core, arms and legs, and whole bodies, as well as building pathways in the brain, strengthening weaknesses to assist individuals to achieve their greatest potential. This is real therapy that should be used in conjunction with other appropriate therapies to maximize results.

Rainshadow Ranch is located 15 minutes from interstate 15 in the picturesque Santa Rosa Plateau. The setting is peaceful, our instructors are compassionate, well trained individuals. Each of them works as a volunteer. Our horses are trained in the Spirit Horse program and are all gentle animals. A horse is carefully chosen for his abilities, training and appropriateness for each student. All lessons are one instructor and one student with parental involvement. We are funded entirely by donations. Applications are available on our website [www.rainshadowranch.org](http://www.rainshadowranch.org)

Please call Becky Demke at (714) 402-0296 for an intake interview or to get more information

## **Application for Services**

**Rainshadow Ranch**  
**18275 Serengeti Dr**  
**Murrieta CA 92562**  
**714-402-0296**  
**[rebeccademke@mac.com](mailto:rebeccademke@mac.com)**

Name of applicant: \_\_\_\_\_

Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ mobile for text notices

Special need or diagnosis:

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

Previous experience with horses: \_\_\_\_\_

Parents' information (if under 18)

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

By signing below, I am agreeing to the rules and policies of Rainshadow Ranch. I give consent for my photographic image to be used by Rainshadow Ranch for publicity and fund-raising purposes. I acknowledge that my physician has deemed me able to safely participate in equine assisted therapy at Rainshadow Ranch. I agree to attend regularly except for illness. No make-up lessons. I agree to follow the direction of the certified instructor at all times.

Signed by applicant or legal guardians \_\_\_\_\_

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