



Rider Name & Number: _____

The following information is required so these individuals can be contacted when not on event grounds. Provide emergency contact information.

Chaperone Name & Number: _____

Adult Emergency Contact & Number: _____

Horse Name: _____

Age: _____ Sex: _____

Owner Name & Number: _____

Vital Signs at Rest: Temp _____ Pulse _____ Resp. _____

Day 1 Temp am _____ pm _____ Day 2 Temp am _____ pm _____

Day 3 Temp am _____ pm _____ Day 4 Temp am _____ pm _____

Day 5 Temp am _____ pm _____ Notes: _____

Stable Vices: _____

Allergies: _____

List Medications, supplements nutraceuticals and/or loose salt administered, include name and amount(s): _____

Veterinarian & Number: _____

Farrier & Number: _____

Rider Name & Number: _____

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