

Stall Card



Club or Center/Region _____

Rider's Name _____ Mount's Name: _____

Competitor #: _____ Certification: _____ Age: _____ Sex: _____

Vital Signs at Rest: Temp _____ Pulse _____ Resp _____

Stable Vices: _____

Allergies: _____

List any medications, supplements, nutraceuticals and/or loose salt administered. Include name and amount(s).

Tetrathlon – competitor numbers of ALL riders using mount:

The following information is required so these individuals can be contacted when not on rally grounds. Provide emergency contact information with area codes.

Chaperone: _____

Cell phone number () _____

Adult Emergency Contact: _____

Home phone number () _____

Cell phone number () _____

Veterinarian: _____

Phone number () _____

Farrier: _____

Phone number () _____

Picture or Physical Description of Mount