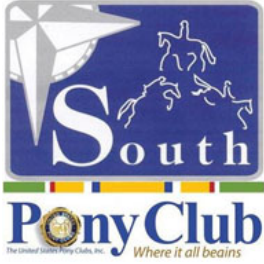


SOUTH REGION STALL CARD



TEAM NAME:



Rider Name (s)

Mount's Name

Competitor # (s)

Certification (s)

Age:

Sex:

Height:

List competitor information for ALL riders using mount.

Vital Signs at Rest: Temp

Pulse

Resp

Stable Vices:

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

Allergies:

Chaperone:

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

Cell Phone Number

Medications

Supplements

Nutraceuticals

Loose Salt

Adult Emergency Contact:

Cell Phone Number

Veterinarian:

Phone Number

Farrier:

Phone Number

Picture or Physical Description of Mount.