



Rider Name & Number:	Rider Name & Number:
The following information is required so these individuals can be contacted when not on event grounds. Provide emergency contact information.	The following information is required so these individuals can be contacted when not on event grounds. Provide emergency contact information.
Chaperone Name & Number:	Chaperone Name & Number:
Adult Emergency Contact & Number:	Adult Emergency Contact & Number:
Horse Name:	Horse Name:
Age: Sex:	Age: Sex:
Owner Name & Number:	Owner Name & Number:
Vital Signs at Rest: Temp Pulse Resp	Vital Signs at Rest: Temp Pulse Resp
Day 1 Temp am pm Day 2 Temp am pm	Day 1 Temp am pm Day 2 Temp am pm
Day 3 Temp am pm Day 4 Temp am pm	Day 3 Temp am pm Day 4 Temp am pm
Day 5 Temp am pm Notes:	Day 5 Temp am pm Notes:
Stable Vices:	Stable Vices:
Allergies:	Allergies:
List Medications, supplements nutraceuticals and/or loose salt administered, include name and amount(s):	List Medications, supplements nutraceuticals and/or loose salt administered, include name and amount(s):
Veterinarian & Number:	Veterinarian & Number:
Farrier & Number:	Farrier & Number: