



Stall Card

Club or Center/Region Covered Bridge PC/Mid south

Rider's Name _____

Mount's Name: _____

Competitor #: _____ Certification: _____

Age: _____ Sex: _____

Vital Signs at Rest: Temp _____ Pulse _____ Resp _____

Tetrathlon - competitor numbers of ALL riders using mount:

Stable Vices: _____

Allergies: _____

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

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

Chaperone: _____

Cell phone number (____) _____

Adult Emergency Contact: _____

Home phone number (____) _____

Picture or Physical Description of Mount

Cell phone number (____) _____

Veterinarian: _____

Phone number (____) _____

Farrier: _____

Phone number (____) _____

Competitor cell # _____