 
 

Stall Card

Rider’s Name

Competitor # \_\_\_\_\_\_\_\_\_\_\_\_\_

HM Cert: Riding Cert(s)

Cell Phone #

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

Chaperone Name

Cell Phone # ( )

Adult Emergency

Contact

Home # ( )

Cell Phone # ( )

Veterinarian Name

Cell Phone # ( )

Farrier Name

Cell Phone # ( )

Insurance Information (if insured) on back

Mount’s Name

(must match Coggins & Entry)

Age Sex Height:

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)

Picture or Physical Description of Mount

If using picture, delete this section or place on top

Physical Description of Mount

Breed

Color

Height

Markings

If Mount Insured, complete the following information:

Insurance Company

Phone #

Policy #

Name on Policy

Is pre-authorization required prior to treatment? Yes. [ ]  No [ ]