# Stall Card

Club or Center/Region _____

Rider Name(s) _____

Competitor #(s): _____ Certification(s): _____

**List competitor information for 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 (___) _____

**Mount's Name:** _____

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**