



Rider: _____

Competitor's # _____ Rating: _____

Tetrathlon - list competitor numbers and ratings of ALL riders using this mount:

Competitor emergency contact information

(for contact after rally hours only - no cell phones allowed during

Cell # (____) _____ competitions)

or

Name of Lodging/hotel _____ Phone # (____) _____

Room registered to _____

The following information is required so these individuals can be contacted when not on rally grounds.

Provide emergency contact information with area codes.

Owner of Mount _____

Home # (____) _____ Cell # (____) _____

or

Name of Lodging/hotel _____ Phone # (____) _____

Room registered to _____

Chaperone _____

Chaperone emergency contact _____ Cell # (____) _____

or information:

Name of Lodging/hotel _____ Phone # (____) _____

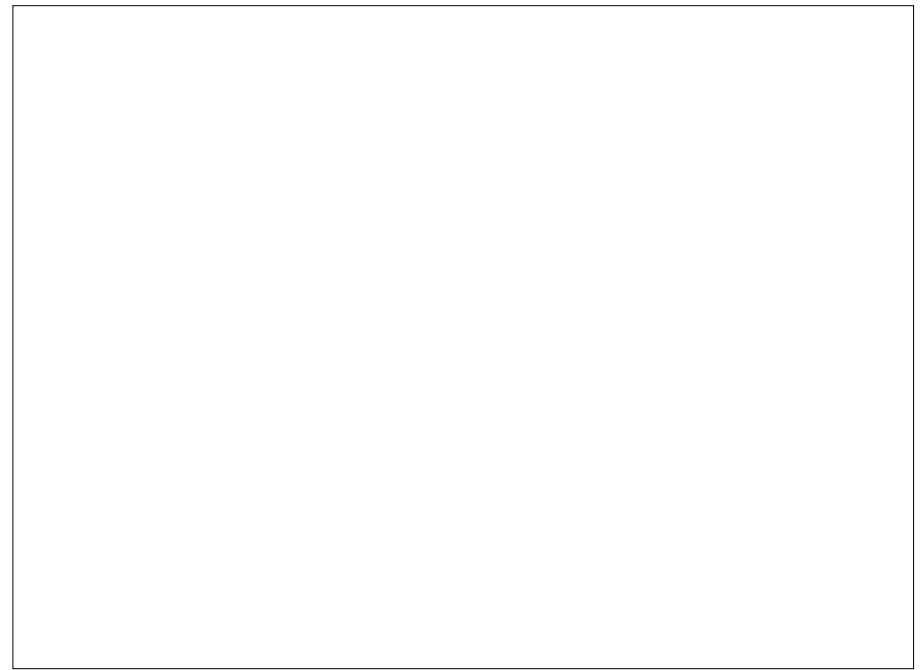
Room registered to _____

Name of Insurance Company for Mount: _____

Phone # (____) _____ Policy # _____

Name on Policy _____

Is "pre-authorization" required prior to treatment? _____ Yes _____ No



Mount's Name: _____

Height: _____ Age: _____ Color: _____ Sex: _____

Vital Signs at Rest Temp: _____ Pulse: _____ Resp: _____

Stable Vices: _____

Allergies: _____

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

Veterinarian _____

Phone # (____) _____

Farrier _____

Phone # (____) _____