



Mount: _____

Club/Region: _____

Rider _____

Competitor # _____

Rating _____

Tetraphthon – competitor numbers of ALL riders using mount:

Competitor emergency contact information

Cell # () _____

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 information

Cell # () _____

or

Name of lodging/hotel _____ Phone # () _____

Room registered to _____

Veterinarian _____

Phone # () _____

Farrier _____

Phone # () _____

Mount _____

Age _____ Sex _____

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