



SHPC

Somerset Hills Pony Club

Rider: _____

Competitor's # _____ Rating: _____
Tetrahlon - 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 competitions)

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 _____

Name of Insurance Company for Mount: _____

Policy # () _____ 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 # () _____