

Rider Information

(Please Print)

Parent and/or Adult Rider Name: _____

Child Rider Name: _____

Health Considerations Affecting Rider: _____

Address: _____

_____ WI _____

(Zip)

Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Phone No. : _____

Physician : _____ Clinic : _____

Phone Number: _____

Horse Information

Horse Name: _____ Horse Age: _____ Color: _____

Veterinarian: _____ Vet Clinic: _____

Horse Issues (cribbing, weaving, supplements.....) _____

Current Feed Amount: _____