

EVENT STALL CARD

Horse's Name			
Owner's Name			
Owner's Phone			
Trainer's/Rider's Name			
Emergency Contact Phone			
Vet Name	Vet Phone		
Equine Insurance Co	Phone		
Policy #			
Medical Conditions			
CLASS	TIME		RING
EVENT CHECK LIST			
PAPERWORK:			RIDER:
HEALTH CERTIFICATE	SHOW ATTIRE		
VACCINATION RECORD	BARN ATTIRE		
COGGINS	RAIN ATTIRE		
MEMBERSHIP VERIFICATION	PARTY ATTIRE		
COPY OF REGISTRATION PAPERS	MEDICATIONS/PRESCRIPTIONS		
STALL CARD		FEE	D/BARN SUPPLIES:
TACK AND EQUIPMENT:		FEED	
SADDLE		MEDICATIONS	
BRIDLE		BEDDING	
□ PAD (S)		BUCKETS	
BOOTS/WRAPS	GROOMING SUPPLIES		
BLANKET/SHEET/COOLER		FIRST AID KIT	
www.usdf.org/e-trak/			