

APPENDIX J

HOW TO MAKE A STALL CARD

Having a hard time deciding how to design your stall card for rallies? Here's one way to do it. Feel free to copy and use this card, or design your own card including these components.

***The Horse Management Handbook* requires the following:**

Whenever a mount is on competition grounds, a stall card must be posted on the stall or near the tie area with the following information:

- Rider's name, number, and rating (for Tetrathlon, ALL riders using the mount)
- Mount's name,
- Age,
- Sex,
- Temperature,
- Pulse and respiration at rest;
- Owner name and telephone number;
- Home veterinarian and farrier with telephone numbers (including area code) for consultation;
- Any known allergies the mount may have
- A picture or physical description of the mount;
- If mount is insured, list name of insurance company, phone number (including area code) and policy number (this information can be put on the back of the card if you wish to keep it private);
- A list of any stable vices the mount has;
- Chaperone's name and motel phone number (including area code);
- Where rider, owner, and chaperone may be reached when they are not on the rally grounds. If housed in a motel or hotel, the phone number (including area code) and the name of the person to whom the chaperone's room is registered must be on the stall card;
- Any supplements or nutraceuticals administered to the mount.

You may use the following stall card or make your own.

STALL CARD

Competitor's Name _____

Competitor's Number _____ Competitor's Rating _____

For Tetrathlon, Numbers of ALL Riders using mount

The following information is required so rider, owner and/or chaperone may be reached when they are not on the rally grounds:

Name of Owner _____

Home Phone (____) _____

- or -

Motel Phone (____) _____

Cell Phone (____) _____

Chaperone's Name _____

Motel Phone (____) _____

Registered Guest's Name _____

Cell Phone (____) _____

Veterinarian _____

Phone # (____) _____

Farrier _____

Phone # (____) _____

Mount's Name _____ Age ____ Sex ____

Vital Signs at Rest: Temp _____ Pulse _____ Resp _____

Photo or physical description of mount: _____

For the sections below, put N/A if it doesn't apply to your horse

Known Allergies _____

Supplements or nutraceuticals administered to the mount _____

Stable Vices _____
