

Tri-State Riding Club Horse Emergency Form

Please complete one form for EVERY horse you might bring to a club event. TSRC highly recommends that a copy of this information be kept in your trailer and in your medical armband.

MEMBER INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HORSE INFORMATION: *(please complete a separate form for each horse)*

Horse's Name: _____

Horse's Owner, if different from Member riding horse: _____

Horse's Veterinarian: _____

Veterinarian's Telephone: _____

This horse is insured by: _____

Insurers Telephone: _____

If Member is unable to relate information, who should we contact to make decisions regarding emergency care, trailering, and maintenance decisions for this horse?

Emergency contact person: (1) _____ (name)

#1 contact phone numbers: _____ home
_____ work
_____ cell

(2) _____ (name)

#2 contact phone numbers: _____ home
_____ work
_____ cell

Pertinent Medical condition(s) in regards to this horse: _____

Other special Instructions in case of emergency: _____

Member/Owner signature _____

Date _____

PLEASE READ:

1. This medical information form should be updated upon any changes of the above information.
2. TSRC recommends that you check with your veterinarian for their correct information before filling in this form.
3. TSRC recommends that you ascertain permission of emergency contact persons before putting down their information on this form and that arrangements have been discussed in case a situation arises
4. TSRC recommends that you carry a copy of this information in your own emergency medical armband holder.