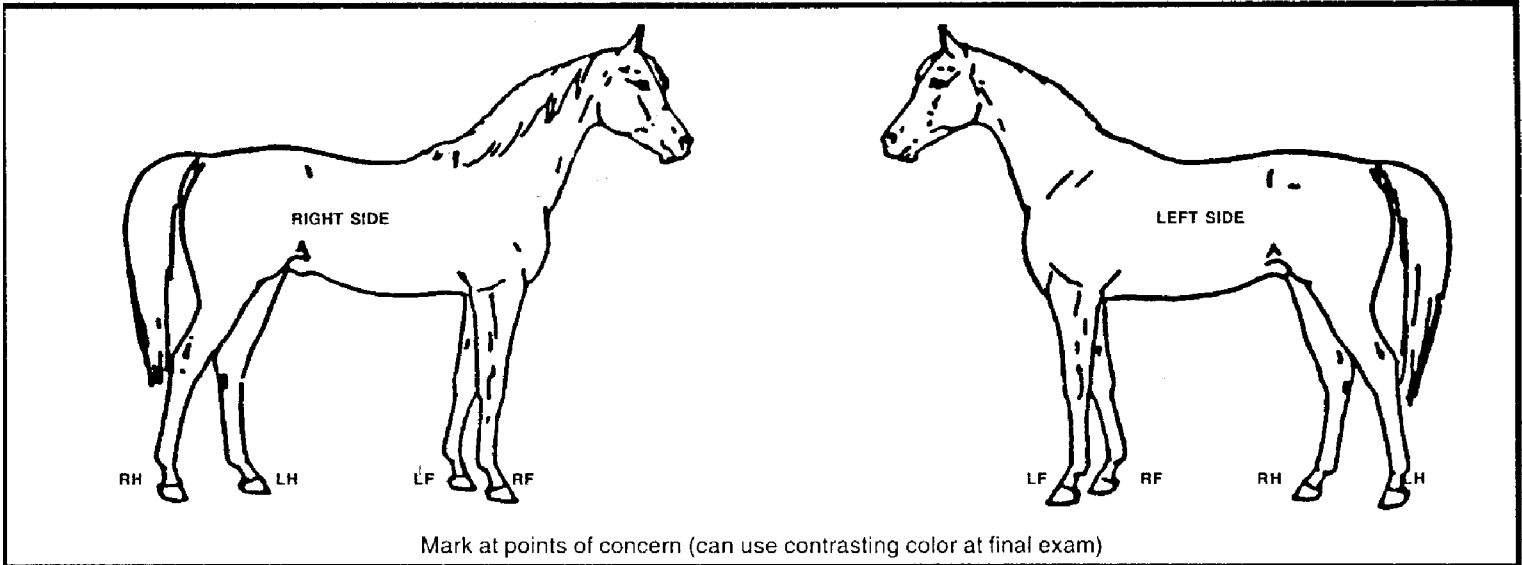


RIDE NAME \_\_\_\_\_ DATE \_\_\_\_\_ DISTANCE \_\_\_\_\_ Rider # \_\_\_\_\_

Rider Name \_\_\_\_\_ Weight Division \_\_\_\_\_ Junior Rider

Sponsor's Name (Juniors) \_\_\_\_\_

Horse Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_



Pre Ride (First) Examination	Post Ride (Final) Examination
P _____ R _____ T _____	P _____ R _____ T _____
	Heart Rate Recovery Index <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/>

Parameter	A,B,C,D	Comments	Parameter	A,B,C,D	Comments
Muc. Memb.			Muc. Memb.		
Cap Refill			Cap Refill		
Jugular Refill			Jugular Refill		
Skin Tenting			Skin Tenting		
Gut Sounds			Gut Sounds		
Anal Tone			Anal Tone		
Muscle Tone			Muscle Tone		
Back Withers			Back Withers		
Tack Galls			Tack Galls		
Gait			Gait		
Impulsion			Impulsion		
Overall Impression			Overall Impression		

Signature of Examiner \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

Elimination Reason \_\_\_\_\_ Signature \_\_\_\_\_