

Appendix D. Rider Card (Page 2 of 2)

	#1	#2	#3	#4	#5	#6
RIDER # _____ NAME _____						
CHECK						
ARRIVAL TIME						
PR TIME						
PULSE						
OUT TIME						
Mucus Membranes						
Capillary Refill						
Jugular Refill						
Gut Sounds						
Skin Tenting						
Anal Tone						
Muscle Tone						
Back Withers						
Tack Galls						
Wounds						
Gait						
Impulsion						
Attitude						
Overall Impression						
COMMENTS						
Heart Rate Recovery						
#1						
#2						
Examiner						