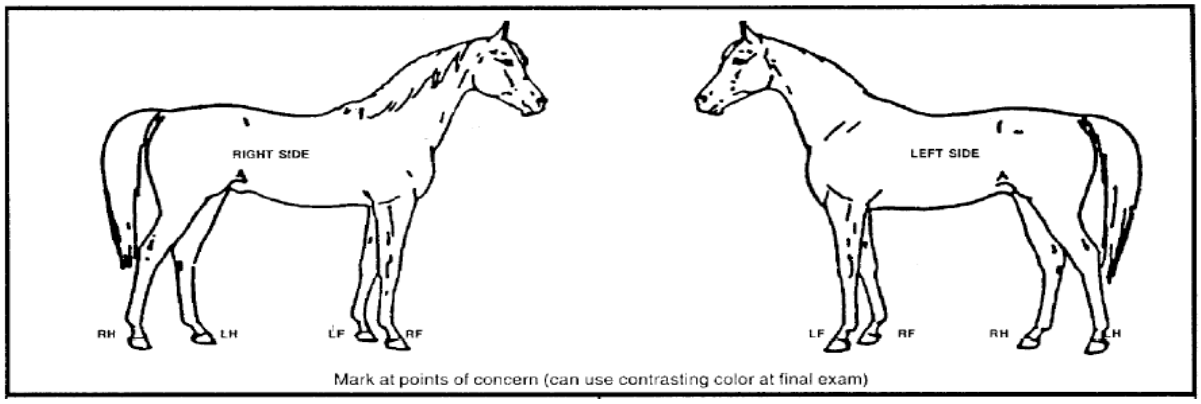
RIDE NAME: _____ **DATE:** _____ **DISTANCE** ____**Miles**

Rider Name _____ **Junior Y/N**

Rider Name _____ **Junior Y/N**

Horse Name _____ **Age** _____ **Sex** _____ **Breed** _____

Rider Number



BODY CONDITION SCORE

1 - Poor
2 - Very Thin
3 - Thin
4 - Moderately Thin
5 - Moderate
6 - Moderately Fleshy
7 - Fleshy
8 - Fat
9 - Extremely Fat

VET CHECK	PRE RIDE VET IN	VET CHECK 1	VET CHECK 2	VET CHECK 3	VET CHECK 4	VET CHECK 5	VET CHECK 6	POST RIDE VET OUT	
ARRIVAL TIME									
PULSE									
PULSE TIME									
OUT TIME									
Mucus Membranes									MM
Capillary Refill									CR
Jugular Refill									JUG
Skin Tenting									SKIN
Gut Sounds									GUT
Anal Tone									ANAL
Muscle Tone									MT
Back/Withers									B/W
Tack Galls									GALL
Wounds									W
Gait									GAIT
Impulsion									IMP
Attitude									ATT
Overall Vet Impression									V-IMP
Comments									
Cardiac Rec. Index									
Examiner									
Elimination Cause									