



Horse's Name

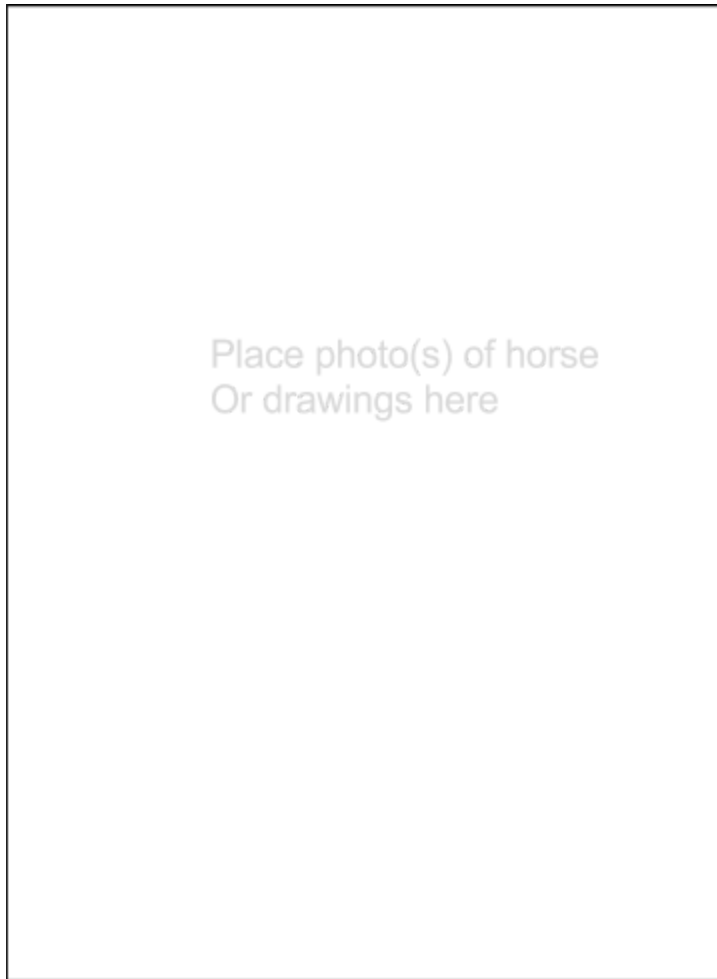
\_\_\_\_\_

Rider's Name

\_\_\_\_\_



**Bridges Equestrian Pony Club Riding Center  
D-2 Stall Card**



Place photo(s) of horse  
Or drawings here

**Horse Info**

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Vices: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Resting Vitals:**

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

**Rider Info**

Rider Name: \_\_\_\_\_

Rider Phone Number: \_\_\_\_\_

**Rider's Trainer: Bridges Equestrian Inc.  
Trainer Phone number: (949) 858 - 0970  
Veterinarian: Dr. Jen Clarke (949)588 - 6952  
Farrier: Jesse Coker (949) 456 - 9680**