

Las Vaqueras **Women's Riding Group**  
**Rider/Member/Applicant/Guest**  
**Emergency Information Sheet**  
**Please Print Clearly**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Vet's Name:** \_\_\_\_\_ **Vet's Phone:** \_\_\_\_\_

**ADDITIONAL PERSONAL MEDICAL INSURANCE INFORMATION:**

**Provider/Carrier:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Medical History:** \_\_\_\_\_

**Blood Type:** \_\_\_\_ **Your Physician:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**Additional Medical Information:**

\_\_\_\_\_  
\_\_\_\_\_