



# ENDURANCE RIDE CARD – EQUIDGEL USERS



Separate sheet for each horse and rider combination.

1. Riders Name				Membership No				
2. Address				Contact No				
3. Horse Name		Reg No		Qualification (Circle one)				
				NOV		OPN		ADV
Breed	Age	Height	Sex (Circle one)	G	M	S	ROR? (Please tick)	
4. Owners Name				Membership No (D of B if under 22)				

EquidGel Use		
Date first started using EquidGel (Approx. if not known)		Please tick how used:
		Exclusive diet (EquidGel + Forage only)
Where did you hear about EquidGel?		Hydration purposes only
		Occasionally used

Date	Rider No	Venue	Class + distance	Recovery rate in Vet gate	Dehydration	Pass/Fail	KPH

At the end of the season: Please scan through along with Vet sheets to 'equidiet.org@gmail.com' or Please return form and a copy of Vet sheets to: Equidiet (UK) Ltd, Wood Farm, Wood Farm Close, Nettleton, Lincolnshire, LN7 6NL.

Name ..... Signature .....