

# Inland Empire Hunter Jumper Association



18054 Via La Cresta, Chino Hills, CA 91709

## ALTERNATE HORSE REQUEST

Please complete this form if your horse is injured during the show year and you would like to request an alternate horse replacement for the rest of the show year. The completed form must be submitted to IEHJA along with a written request and veterinary certificate signed within 30 days of the request.

Once a decision has been made by IEHJA, written confirmation will be sent to you.

DATE OF REQUEST: \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ RELATIONSHIP TO RIDER: \_\_\_\_\_

NAME OF RIDER: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF INJURED HORSE: \_\_\_\_\_ IEHJA MEMBERSHIP #: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

NATURE OF INJURY: \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_

ATTENDING VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

PROGNOSIS FOR RECOVERY: \_\_\_\_\_

### ALTERNATE HORSE INFORMATION

NAME OF HORSE: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTER

\_\_\_\_\_  
DATE

### IEHJA OFFICE USE ONLY

Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_

Vet Certificate Received: YES NO