

MEDICAL QUESTIONNAIRE

So that we can assure a safe experience with Tinker Kennels, LLC please complete the following medical questionnaire for each person participating and return to us prior to your arrival.

Name:	
Dates of hunt:	
Emergencycontact:	
Address:	
Email:Phone:	
Overall physical condition: Excellent Good Fair Poor	
Fitness for horseback riding: Excellent Good Fair Poor	
Experience with horseback riding: Excellent Good Fair Poor	
Disabilities if any (please describe):	
Chronic medical illnesses that may be impacted by physical activity (i.e. diabetes, asthma, heart dise	ease):
Any allergies including food allergies (i.e. gluten or dairy):	
Dietary restrictions due to allergies, religious preference, special diet - please list:	
Preference for heverages so they are made available:	