



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: _____

Emergency contact: Name: _____

Address: _____

Email: _____ Phone _____

Overall physical condition	Excellent	Good	Fair	Poor
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Fitness for horseback riding	Excellent	Good	Fair	Poor
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Experience with horseback riding	Excellent	Good	Fair	Poor
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Disabilities if any (please describe): _____

Chronic medical illnesses that may be impacted by physical activity (i.e. diabetes, asthma, heart disease): _____

Any allergies including food allergies (i.e. gluten or dairy): _____

Dietary restrictions due to allergies, religious preference, special diet - please list: _____

Preference for alcoholic and non alcoholic beverages so they are made available: _____

Please return to: Tinker Kennels LLC, 20081 296th Ave., Pierre, SD 57501
email: jeff@tinkerkennels.com or teresa@tinkerkennels.com