



**Horse Facilities**

- If stalls were available were they adequate and in a good and safe condition? (Y) (N)
- Were watering facilities adequate and accessible? (Y) (N)
- Was a veterinarian present or available on call? (Y) (N)
- Was a Farrier available? (Y) (N)

**List positive features of show**

**List of suggestions or areas for improvement**

**Overall Grade: (E) (G) (F) (P)**

**Your feedback is very important to the NCHJA. To assist us in our efforts to fully assess the quality of shows please provide your name and a contact number so we can solicit more detailed feedback if we feel it is necessary.**

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

**Are you an NCHJA member or parent of one:** (Y) (N)

**Contact Information:** \_\_\_\_\_

**Please mail to: NCHJA, 4441 Six Forks Road, Suite 106-167 Raleigh, NC 27609**

**This form is also available on the NCHJA website and can be filled out online.**

**Thank you for taking the time to provide your most valuable feedback.**