

# PFHA STEWARD'S REPORT AND EVALUATION

Please mail or email completed form within seven (7) days of the show to:

**Paso Fino Horse Association, Inc.**  
**1003 Twilight Trail Suite 2**  
**Frankfort, KY 40601**  
**(859) 689-3705**  
**shows@pfha.org**

**Name of the show:** \_\_\_\_\_

**Sponsoring Region(s):** \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Show Classification (circle one):**

**L (Local) AP (All Paso) AP/USEF (All Paso/USEF) AB/USEF (All Breed/USEF)**

**Name of the show chairperson:** \_\_\_\_\_

**Telephone (Day):** \_\_\_\_\_ **(Evening):** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **PART A – COMPLIANCE WITH THE RULES (Current PFHA Rule Book and appropriate provisions of the current USA Equestrian Rule Book)**

Please circle your response for all questions: Yes, No, or NA (not applicable) and fill in the blanks where required. If a problem is indicated in any of the answers of the following questions, please explain in full at the end of this report (add pages if necessary).

1. Was the entire show run in accordance with the current PFHA Rules  YES    NO    N/A  
If not, indicate the violation and cite Chapter/Section and attach the appropriate charge or protest form with any additional documentation.
  
2. A. Were there any instances of abuse to a horse observed by you or reported to you? B. Were any official warnings issued in accordance with PFHA Chapter Two? If yes, for either of the above, please explain and attach documentation.  YES    NO    N/A
  
3. Were there any instances of protest made in accordance with PFHA Chapter Two? If yes, please attach documents including the results of any Show Hearing Committee.  YES    NO    N/A

4. Was there any instance of misrepresentation of a horse's or riders identity or eligibility for a class? If yes, indicate on this form the violation, appropriate rule and whether a charge or protest was filed.  YES  NO  N/A
5. Were all entry blanks signed in accordance with PFHA Chapter Two?  YES  NO  N/A
6. Were all PFHA and USA Equestrian (when applicable) membership cards or copies thereof checked by the show secretary for riders, handlers, owners, coach, Amateur Owners, lessee's, agents, and trainers listed on entry blanks? (In accordance with PFHA Chapter Two?)  YES  NO  N/A
7. How many affidavits were completed? # \_\_\_\_\_  
(In accordance with PFHA Chapter Two)
8. How many horses were exhibited? # \_\_\_\_\_
9. Were qualified medical personnel provided?  YES  NO  N/A
10. Were there any incidents reported to you that required the services of medical personnel and/or an ambulance? If yes, explain on attached sheet.  YES  NO  N/A
11. Was a qualified veterinarian present or on call throughout the competition?  YES  NO  N/A  
List veterinarian's name: \_\_\_\_\_
12. Was a qualified farrier present or on call throughout the competition?  YES  NO  N/A  
List farrier's name: \_\_\_\_\_
13. Was stabling provided?  YES  NO  N/A
14. Were the following available?  YES  NO  N/A  
Scales  YES  NO  N/A  
Sounding Board  YES  NO  N/A
15. Was there a ringmaster and gatekeeper?  YES  NO  N/A
16. Were all judge(s), steward(s) eligible to officiate in the classes in which they were contracted?  YES  NO  N/A
17. Were any horses administered for a forbidden substance (Chapter Two)?  YES  NO  N/A  
If yes, attach proper medical reports regarding this matter.
18. Were any suspended horses, trainers, riders, handlers, or owners participating in the show? If so, include the charge or protest form and make note in this report.  YES  NO  N/A

19. Were all health requirements met? (PFHA Chapter Two)

YES    NO    N/A

**PART B – SHOW STANDARDS: The following is to indicate the overall quality of the show. Circle the appropriate response (above average, average, below average) in the space provided (NA where not applicable).**

- |                          |  |                                  |  |                              |
|--------------------------|--|----------------------------------|--|------------------------------|
| 1. Management personnel  | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 2. Show office personnel | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 3. Communication         | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 4. Show grounds          | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 5. Stabling              | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 6. Warm-up ring          | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 7. Wash areas            | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 8. Sounding board        | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 9. Show ring             | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 10. Trail course         | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 11. Bathroom facilities  | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 12. Food service         | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |
| 13. Security             | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> N/A |

Comments on Show Standards (Parte B). Please comment on all areas of exceptional strength or weakness.

**PART C – ADDITIONAL COMMENTS:** Use this area only for additional comments regarding Part A or Part B of this report. If you wish to file a protest or charge, complete the appropriate protest/charge form and return it with your Steward’s Report to the PFHA Executive Director. If no charges/protests are filed for a violation, please explain in detail the reason for not taking action.

1. List outstanding positive features of the show (be specific).
  
  
  
  
  
  
  
  
  
  
2. List features that need improvement (be specific).
  
  
  
  
  
  
  
  
  
  
3. Describe any additional circumstances arising at the show you feel important to include (attach any relevant documentation).

**PART D – LICENSED OFFICIAL INFORMATION:** (Please PRINT and fill out completely).

1. List each Judge.

JUDGE(S)	PFHA #	Date Officiated	Show #
_____			
_____			
_____			
_____			
_____			
_____			

2. List all Stewards who officiated at the competition.

STEWARD(S)	PFHA #	Date Officiated	Show #
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3. List any substitutions, additions or changes to officials different than approved.

4. List any Judge that required a guest card.

JUDGE(S)	Guest Judge #	Telephone #
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5. List any applicant judge or applicant steward who officiated?

NAME	PFHA#	Date Officiated	(Circle one) Judge/Steward
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6. Were any classes changed or added after the prize list was printed?  YES  NO  N/A  
If so, provide the list of changes.

7. Did show comply with all time schedule requirements (USA Equestrian) breaks and/or intermissions?  YES  NO  N/A

8. TIME SCHEDULES: Give starting and ending time for each day.

Show Date	Start Time	Ending Time
_____		
_____		
_____		

9. Check the appropriate answers concerning class schedule. (Excessive = 30+minutes)

Class Schedule:     on time from start to finish                       late finish  
                           late start     excessive lateness and finishing  
                           excessive lateness in starting

COMMENTS – Please include reasons why show started late or ran late in finishing.

**PART E – STEWARD INFORMATION:** Please PRINT and fill out completely.

Name: \_\_\_\_\_ PFHA Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADDITIONAL COMMENTS: