Injuries of the Team Roping Horse

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1. Introduction

The most popular equestrian competition in the United States is the sport of team roping. A tremendous growth has taken place in this sport in recent years. There are, by best estimates, nearly one million individuals competing in team roping competitions nationally, at all levels, at this writing. This phenomenal growth has caused the equine practitioner, regardless of specialty or geographic location, to be presented with an increasing number of team roping horses in their practices. Due to the large number of participants, the sport of team roping has become one of great economic importance thus increasing the value of the team roping horses. This increase in value, coupled with the difficulty found in replacing one of these horses, also contributes to the increase of the number of these horses seen by the equine practitioner. This brief description of team roping will introduce the equine practitioner to the basic premise of the sport, some of the terminology applied to these equine athletes, what is required of these horses as they perform their duties, and offer some insight into the diagnosis of a few of the more common medical problems that frequently occur in these horses.

Team roping began as a rodeo event many years ago, evolving from the everyday work on the ranches by the cowboys. If it was necessary to restrain a cow for treatment, for example, on the open range, the only method of restraint that the cowboys had at their disposal was to “head and heel” the animal, or to “team rope” it. Being the independent type of individuals that they are, the cowboys soon began wagering among themselves to see which “team” of a header and heeler could accomplish this feat in the shortest period of time.

Nationally, there are many team roping organizations that have large memberships but the largest and most prestigious is the United States Team Roping Championships, or the USTRC. The numbering system, or the system of “handicapping” the team ropers, was begun by the USTRC in the early 1990s, and has become the standard within the sport. This system involves assigning each rider a number, from 1 to 10. As it functions today, a 1 is assigned to the beginner roper and the highest number World Champions are assigned is a 9. This number is based on various factors. Some of the factors considered are the roper’s ability, previous prize earnings, experience, age, physical handicaps, and so on.

The roping categories are also assigned a numerical value that cannot be exceeded by the total handicap numbers of the two ropers, the header and the heeler, entering that roping category. The highest category of roping is the “open” roping that allows all ropers, including the World Champions, to compete together. The numerical value of the ropings decreases from this highest level to the beginner level.
ropings beginning with a number 11 roping and progressing down as a 9, 8, 7, 6, and 5, to the number 4 roping. This concept has served to allow the lower level ropers to compete as a team with the World Champions in the number 11 roping. The lower numbered ropings serve to “level the playing field” of competition at all levels by eliminating the participation of the upper level ropers, thus allowing the roper to compete with others of their ability level. The entry fees of the participants usually generate the purse money for the team roping competition. This is known as a “jackpot” concept. A portion of the entry fee is held out by the producer of the roping to pay for the arena, the cattle, advertising, trophies, and so on, and the balance of the entry fee is placed in the purse money to be divided among the winning team ropers.

2. The Competition

Dally team roping is a timed event involving five basic elements; the header, the heading horse, the heeler, the healing horse, and the steer. The term dally refers to a wrapping of the rope around the saddle horn as a means of securing it to the saddle. This is in contrast to being tied on hard and fast as in calf roping. The steers that are used for the team roping event are usually horned cattle called Corriente cattle and usually originate in Mexico. Other types of cattle used are Longhorns, Longhorn crosses, or other native horned breeds, but most of the team ropers prefer cattle of the Mexican, or Corriente, variety. Their weights may range from a small steer of 375 pounds to the larger cattle approaching 700 pounds or more.

Team roping is conducted in an arena of varying size ranging from 100 feet wide by 200 feet long (≈30 × 60 m) to 200 feet wide by 400 feet long (≈60 × 122 m). The soil composing the surface of the arena is typically a sand or sand mixture of some type intended to prevent or minimize injury to the horses.

A typical “run” in dally team roping begins with a steer contained in a chute at the end of the arena. The heading box is on the left side of the chute and the heeling box is on the right side of the chute. When the header calls for the steer, or asks that it be released from the chute, the chute gate is opened and the steer is allowed a head start called the score. If the header leaves the heading box prior to the steer crossing the score line, or reaching the predetermined head start, then the team is assessed a penalty of 10 seconds. This is determined by either a mechanical or electronic barrier that emits a signal if the roper leaves the box too early. The timing of the run is begun when the steer crosses this score line. The team of the header and heeler then pursue the steer attempting to catch the steer by both ends, the head and heels, with nylon ropes.

While there are many elements that make up a run in team roping, it can all be accomplished in a matter of seconds. The event requires thousands of hours of practice to get the timing down and to minimize the danger to all of the participants. A very good team roping run may take only six or seven seconds total. There have even been runs recorded in the range of 3.6 to 3.8 seconds by the World Champion-caliber team ropers.

3. The Team Roping Horse

The horses used in the team roping event are usually American Quarter Horses. This breed is preferred by the ropers because of their exceptional athletic ability, quick acceleration over short distances, their inherent desire to “watch a cow,” and their good mind. Geldings are almost always preferred but you may see an occasional mare and even a rare stud being used in the event. Paint horses are also seen frequently as they are often of mostly Quarter Horse breeding. Other breeds, such as the Thoroughbred, are very rarely chosen for use as a team roping horse. The heading horse is usually larger than the healing horse. Heading horses typically weigh 1200–1400 lbs. (450–520 kg.) and are heavily muscled to enable them to easily handle the weight of the steers. The heel horse is typically smaller and quicker and is often chosen with more “cow sense” than the head horse. Horses that are trained for cutting but no longer compete in the cutting horse circuit often make good heel horses due to their size and “cow sense.”

Typically, the team ropers prefer a mature, experienced horse for team roping competitions, so these horses are usually over 10 years old.

Many team roping horses in their mid to late teens and even early to mid 20s are used by the top ropers. This is important to the practitioner as many of the lesions found in these horses are related to repetitive injury situations. The typical team roping horse will usually have had several owners so a complete and accurate medical history of the horse is seldom available.

The training of these horses, whether a heading horse or healing horse, involves literally thousands of team roping runs and many thousands of miles of hauling to be placed in various competitive situations. They need to have reached the point in their careers that they can anticipate every variable of a team roping run so that rider intervention is unnecessary. This allows the roper to focus on nothing but the speed of the run. This desire for speed in a team roping run is one more factor contributing to injury of these horses.

4. The Heading Horse

The heading horse is trained by repetition of many thousand team roping runs. The first responsibility of the header is to properly “score the steer” to avoid breaking the barrier as described above. This requires that the horse stand quietly in the corner of the heading box facing the steer and waiting for the header to cue it to leave the box in
pursuit of the steer. When cued by the header, the heading horse leaves the roping box much as a racehorse leaves the starting gate to attain maximum speed as quickly as possible. As the header approaches the steer, now with the heading horse running at full speed and maintaining a position just to the left of the steer, the horse is trained to rate off, or to slow up slightly, once the horse reaches the steer’s hip to properly position the steer so that the header may rope the steer. There are three legal head catches in team roping; both horns (called a clean horn catch), a half head (one horn and the nose of the steer), or a neck. All other catches are considered illegal and the team is given a no time.

After the header successfully catches the head of the steer and dallys (wraps in a full circle) the rope around the saddle horn, the heading horse drops its hind quarters, drops its left shoulder to quarter itself slightly to the left, and slows somewhat as it “sets” the steer and brings the steer’s head around to the left. As the steer’s body progresses to the left, the heeling horse also is turned to the left and is moved out in front of the steer to allow the header to pull it across the arena, at approximately a 90-degree angle to the original direction of travel, maintaining a constant but slower speed as it progresses across the arena. This allows the heeler to get into position to rope the hindlegs of the steer.

5. The Heeling Horse

The heeler and the heeling horse begin the run from the heeling box to the right side of the steer. The heeling horse, much like the heading horse, must be thoroughly disciplined to stand quietly in the box, or score, as it awaits the release of the steer from the chute. As the team pursues the steer down the arena, the heeling horse stays a little to the right of the steer and slightly behind the level of the header. As the header sets and turns the steer, the heeler turns left following the steer and positions just behind and slightly to the left of the steer as it is taken across the arena. This is known as the heeling horse making the corner. As the heeling horse follows the steer in this position, maintaining a constant speed equal to that of the header and steer, the heeler properly times his swing and then releases the heel rope, placing the loop under mid-section of the steer and ropes the hindlegs of the steer. The goal of the heeler is to rope both hindlegs in the heel loop. If only one hindleg is caught then the team is assessed a 5-second penalty. As the slack is taken out of the heel loop and as the “dally” is made on the saddle horn, the heeling horse is signaled to drop its hindquarters and come to an abrupt stop.

Following the catch and dally of the heeler, the heading horse continues to progress away from the heeler with the steer still in tow, the ropes come tight, and when tight, the heading horse is cued to spin around to the right, while maintaining a tight rope, to face the steer. This facing motion of the heading horse requires the horse to spin around to the right at the same time that it progresses backward away from the heeling horse to maintain the tight rope. When the facing is complete and the heading horse is facing the steer, the head rope is tight and in a straight line from the saddle horn of the header to the head of the steer, and the heel rope is tight from the hind feet of the steer to the saddle horn of the heeler, then the flag man drops the flag signalling the end of the run and time is taken at this point. Keep in mind that all of these things take only a matter of a few seconds to complete.

6. Tack

A “roping” saddle, or heavy-weight western-type saddle, is used in team roping. Many of these saddles can weigh 30 to 40 lbs. (11 to 15 kg). A very strong and well-made tree is essential in these saddles as a broken tree can cause back problems in these horses. Various pads, such as the new synthetic Classic Equine pads, are used to absorb the tremendous jerks and stops that take place during a team roping run. Typically various types of saddle blankets, such as a woven wool “Navajo” blanket, are used under the saddle pad to help absorb moisture and further ensure proper saddle fit.

Most team roping horses are ridden with a “tie-down” on their head. The function of this device is to serve as a balance point for the horse to push against during the run rather than to tie down the horse’s head. A large variety of headgears, or bits, are used on team roping horses. These can range from a lightweight snaffle type of bit to a much more severe high-ported spade bit. Many of these horses are ridden in a hackamore or hackamore bit.

Protective leg devices, such as splint boots, are also employed in an attempt to minimize interference injuries in these horses. Some of these horses, however, are not comfortable wearing these splint boots so often they are eliminated unless the individual horse has shown a tendency to interfere. Bell boots, or over-reach boots, are used on almost all team roping horses.

7. Clinical Examination

When a team roping horse is presented to the equine practitioner for evaluation, it is important to consider several factors prior to beginning the exam. As mentioned above, the sport of team roping has grown tremendously during the past few years. Partially as a result of this growth the level of horsemanship capabilities of the participants has dropped sharply. This, coupled with the usual history of multiple owners, makes the medical history of much less value than in other clinical situations. Many times the owner has very limited experience with horses, especially the equine athlete. This is unfortunate, as some of the typical lameness problems seen in team roping horses tend to manifest themselves as training problems rather than soundness problems in the early stages.
Many of the horses chosen for rodeo competition are not very “people friendly.” Many of them are quite apprehensive and “goosey” acting. Most are well broken and well trained for their job, but a fair number of them never get very gentle so this should be considered during the exam.

Most of the team roping horses that are being hauled in competition are in their teens and early 20s. Many of them will have significant lumps, bumps, blemishes, and lesions of pre-existing problems. Often these blemishes cause them no problem while doing their job as a team roping horse so the practitioner needs to accurately assess the status of these problems.

8. Common Lameness Problems
With a better understanding of the duties of the team roping horse, it becomes apparent that they experience many of the same problems that any of the equine athletes experience. Problems of the distal joints of the hocks are very common as they are in the other performance horses. This is especially true in the heading horses and it is unusual to examine a heading horse that does not have some degree of distal tarsitis. The question for the practitioner isn’t “are there problems?” but rather “are the problems manageable?”

In addition, a common injury to the heading horse might be an injury to the suspensory apparatus, especially of the right forelimb. The hocks and the right fore suspensory ligament are placed under tremendous pressure as the heading horse sets the steer. As the heading horse drops its hindquarters and left shoulder to set the steer and initiates the turn to the left, the right fore limb is placed cranially and laterally to decelerate and brace against the forward motion as well as the weight of the steer, thus placing a tremendous amount of strain on the structures of the right forelimb as well as the left hock (Fig. 1). Not only are the distal tarsal joints loaded with the weight of the rider, weight of the horse, and the deceleration of the full-speed forward motion, but also by the weight of the steer. This extra loading becomes very important as the rotational forces are applied to the loaded distal tarsal joints. This occurs as the horse is asked to set the steer, get under the steer as it gets out in front of the steer, and pull the weight of the steer forward across the arena. Following a successful catch by the heeler, the heading horse must “face,” or spin around to the right while the hocks and distal hindlimbs are loaded as described, and do so with the addition of a backwards motion to maintain tightness of the rope (Fig. 2). All of this contributes to the very high incidence of the hock problems in the heading horse.

When attempting to diagnose problems in the team roping horse, as in all equine athletes, it is extremely important to remember that very often, in the early stages of pathology, little or no lameness may be present. This is especially true in the case of tarsitis of the distal tarsal joints. The complaint from the owner or trainer is often that the horse “is coming untrained” or is exhibiting increasing behavioral problems rather than soundness problems. When these highly trained horses begin to show the behavioral problems, it is usually indicative of beginning soundness problems. For this reason it is imperative that the examining veterinarian be familiar with how the team roping horse works to arrive at a diagnosis.

In the case of a heading horse, the history may include a reluctance to willingly go into the heading box. After walking into the box they may be reluc-
tant to turn and face the front of the heading box and stand relaxed as the roper ready to ask that the steer be released. They will often tend to turn their head away from the steer rather than facing forward as they are trained to do. They may begin to “walk” a little in the box rather than stand squarely anticipating the release of the steer. As the problem worsens many of these animals will rear up and spin around in the heading box or even lunge out of the box and refuse to re-enter it. In the more severe cases they may even rear over backwards.

As the affected heading horse approaches the steer they will often tend to over-run the steer or even run past the steer, rather than rating off as they are trained to do. Another common complaint may be that the horse is “ducking,” or “dropping out,” in which case they drop the left shoulder excessively as the header attempts to get the daily on the saddle horn and as they set the steer. Often this results in a lost rope as the header fails to successfully get the daily. Another relevant sign may be a change in the way the horse handles the steer with a tendency to lunge across the arena with the steer in tow rather than taking it at an even, controlled, gait. Still another sign may be reluctance, or even refusal, to “face” at the end of a run. Following the completion of the run and as the steer is followed to the end of the arena following the run, the horse may tend to prance and jump around rather than loping in a relaxed fashion as they follow the steer out of the arena. Most, if not all of these complaints, as well as others, are usually present to some degree if the heading horse is beginning to develop problems, especially of the distal tarsal joints. Again, it is important to remember that these horses are seldom clinically lame at this point.

The heeling horse experiencing similar problems may present with a similar history, such as problems in the heeling box. Another complaint may be that they are not “making the corner” properly (following the steer to the left as the heading horse sets the steer) or are “coming in too high” (tending to be too far forward on the steer rather than just behind the hip of the steer) as the steer is set and turned. Still another complaint may be of the horse nickering or making a “grunting” sound as the dally is made by the heeler and the stop is initiated (Fig. 3). This may be accompanied by the heeling horse bouncing out of the stop at the completion of the run while maximal tension is on the ropes. A common complaint by the rider is that the horse “isn’t stopping anymore” after the heeler’s rope is thrown. Often these horses will also be unwilling to drop their heads and relax following a run and tend to prance out of the arena. Again, it is important to remember that lameness is often absent in the early stages of these problems, making the diagnosis more difficult. Often the more important symptoms, from the rider’s viewpoint, are of a “training” problem rather than a soundness problem.

The clinical exam of these individuals may often show pain on palpation of the caudal lumbar area, the area of the croup, and over the point of both hips. This pain will often be accompanied with the complaint that the horse is sore in the back or “sore in the kidneys.” If the larger joints of the hind limbs are involved, the obvious areas of effusion will, of course, aid in the diagnosis, but if only the distal tarsal joints are involved then effusion is usually absent. As the examination progresses to the medial aspect of the distal tarsi, the horse may often show a reluctance to have the area palpated as if they are anticipating pain associated with the palpation. Often a beginning bony proliferation of the cranio-medial aspect of the distal tarsus can be appreciated on examination. The “hock flexion test” or the “Churchill test” are sometimes unrewarding in these chronically affected horses.

As one proceeds with the examination it is important to obtain the highest quality radiographs possible as some of these lesions, especially the early lesions, are difficult to visualize on radiographs of average or minimal quality. In addition to obtaining excellent quality radiographs, it is often necessary to view the radiographs under magnification to note the small beginning lesions of the distal tarsal joints.

Many times blocking these joints will not show much change, as the horse has developed these problems in response to the pain experienced over a long period of time during every run, and the pain is anticipated, even though the area has been blocked. This is the reason that most of the affected horses have become intractable in the roping box as they are dreading the pain that they know they will experience during the team roping run. These horses often respond very well to intra-articular therapy as they realize, after multiple
team roping runs are completed following treatment, that the pain has been lessened or stopped. Often this improvement is quite profound.

Another common injury in the team roping horse, especially the heading horse, is a strain or tearing of the suspensory apparatus of the right forelimb. This may involve the suspensory ligament, the inferior check ligament, the distal sesamoideal ligaments, or a combination of these structures. Remember that as the heading horse drops its hindquarters and left shoulder to set the steer and initiates the turn to the left, the right forelimb is placed cranially and laterally to decelerate and brace against the forward motion as well as the weight of the steer, thus placing a tremendous amount of strain on the soft tissue structures of the right forelimb. These injuries usually cause a lameness of varying degrees and a thorough clinical exam, including palpation in the flexed position, usually makes the diagnosis of them straightforward. Injury to the suspensory ligament of the right forelimb of the heading horse is a very common finding. More commonly the proximal and middle of this structure is involved. Ultrasonography may be employed to confirm the diagnosis but usually a good clinical exam is all that is needed. In many cases this structure is easily re-injured following a period of rest and when put back into training and work.

Diagnosis of a distal sesamoideal ligament injury can be more difficult. These horses are typically acutely lame after making a run and limp out of the arena. Upon physical exam these horses are usually grade 2–3/5 lame. This horse often has pain associated with palpation of the ligamentous structures palmar to the pastern. Radiographs usually show no lesions in acute cases involving the distal sesamoideal ligaments, however, periosteal proliferation at the ligamentous attachment may appear in a more chronic case. The location of the periosteal new bone assists the practitioner in identifying the injured structure. The oblique distal sesmoideal ligament attaches on the palmar aspect of the mid to distal first phalanx, whereas the straight distal sesmoidian ligament attaches on the palmar aspect of proximal second phalanx. A palmar digital nerve block may improve the lameness but an abaxial sesamoid nerve block is needed for complete alleviation of lameness. However, another common injury of this area in a team roping horse is a fracture, of varying severity, of the second phalanx; so the exam should include high quality radiographs of this area prior to assuming that all of the lameness is due to soft tissue injury. Commonly this is a comminuted fracture of P2, which is easily diagnosed. However the fracture of P2 may be only a hairline sagittal fracture that is difficult to discern on initial radiographic exam so caution should be exercised when looking at a horse that has blocked sound with the abaxial sesamoid block.

Soft tissue injuries of the hindlimbs of heading horses may include deep digital flexor (DDF) tendonitis, primary tendon sheath inflammation, or hindlimb proximal suspensory ligament desmitis. Recalling the motion necessary to “face” at the end of a team roping run makes the potential causes of these injuries obvious. A thorough clinical exam is usually all that is necessary for diagnosis of these problems.

Injury to the back and pelvic area are also common in team roping horses, especially the heading horse. Strain or tearing of the sacro-iliac ligaments is a common occurrence. Diagnosis of this can be augmented by the availability of a level surface near a level reference point. When examining these horses with only the horizon or surroundings as reference, it may be difficult to notice a subtle change in one side of the pelvic area versus the other. A level surface near a door, especially one with horizontal lines or ridges, will offer a grid effect that makes these changes much more apparent when the horse faces the door and is viewed from behind. In the case of a recent injury, pain on palpation of the sacral area, the sublumbar musculature, and the area over the hips is a common finding. In the more chronic cases the only symptoms may be the visualization of the difference in the pelvic angle of one side compared to the other. Both the tuber sacrale and the tuber ischii should be visualized in this manner to help determine any asymmetry or change in angle of the pelvis.

Pain on palpation of the cranial portion of the back over the thoracic vertebrae can be caused by an improperly fitting saddle, a saddle that has insufficient padding, or a saddle that has a broken tree. An effort should be made by the clinician to check the tack, both the saddle and pads, for proper fit on the horse involved. An attempt to determine if the tree is intact in the saddle may also be helpful as there are tremendous forces exerted on this equipment as the team roping run occurs. Many team ropers tend to ride a trophy saddle that they have won, which may be of minimal quality, rather than choosing a better quality, properly fitting saddle. The saddle should also be checked to be sure that a screw or nail used in the construction of the saddle is not working out and soring the back.

Given the common Quarter Horse conformation of large body size and small feet or short upright pastern conformation, navicular disease and injuries to structures within the caudal aspect of the foot (“navicular syndrome”) are common. Diagnosis is made with a thorough clinical exam, peripheral nerve blocks, response to intra-articular distal interphalangeal joint anesthesia, and high quality radiographs. Osteoarthritis of the navicular bone is usually a slowly progressive lameness, often bilateral, and usually responsive to intra-articular medications, non-steroidal anti-inflammatory medications, and corrective shoeing. Soft tissue injuries
to the caudal foot (such as impar ligament desmitis, collateral ligament desmitis, and injury to the deep digital flexor tendon in the region opposing the flexor surface of the navicular bone) are also common in heading horses and often are an acute injury occurring during a roping event. The horse improves after a palmar digital nerve block or intra-articular anesthesia of the distal interphalangeal joint. In the acute situation the horse often has no radiographic changes. These horses may require extended periods of rest for full recovery.

Osteoarthritis of the proximal interphalangeal joint, or early “ringbone,” is another common lameness problem of the team roping horse. As mentioned above, these horses are subjected to many thousand team roping runs during their training and as they are being hauled to the various rodeos and team ropings. Intra-articular diagnostic anesthesia of the suspected joint will usually markedly improve the lameness.

Obviously all team roping horses are also susceptible to any of the same injury problems that the other equine athletes experience. Most of these injuries, however, produce a lameness of varying degrees. The presence of effusion, pain on palpation of the affected area, or pain on flexion usually make diagnosis of these problems fairly straightforward.

9. Shoeing Considerations

Many of today’s performance horses tend to have a long-toe-low-heel conformation of the feet, especially the forefeet. Improper shoeing causes some of this but the horse of today often does not grow as much heel as they should relative to their toe growth. As with any equine athlete, proper balance and correct shoeing is necessary for soundness.

As the horses used in this event reach the age of the late teens and early twenties, lameness involving the structures of the foot is very common. These problems may include navicular disease, “navicular syndrome,” and so forth. Diagnosis of these problems coupled with a long-toe-low-heel conformation may dictate wedging the foot in some manner as an aid in therapy and balancing the foot. When deciding the best way to elevate the heels in these horses several things need to be considered. A wedged egg bar shoe is a popular choice in some disciplines but is not a proper choice for a team roping horse, especially a heading horse. These horses will invariably jerk the front shoe(s) off when shod in this fashion. A much better choice to attempt to correct an improper hoof angle in a team roping horse has proven to be a cutout wedge pad.

A cutout wedge pad will correct the angle of the hoof both on a hard surface and in the arena. Often when a wedged shoe is chosen to correct the improper hoof angle one tends to forget that the shoe easily compresses downward as the foot is loaded on a soft arena footing and the desired correction is lost. A cutout wedge pad offers more support for correction in this type of footing. It also offers protection of the caudal half of the foot. Properly applied, there is much less tendency to jerk these shoes off during a team roping run. This clinician prefers to cut out the toe of the pad from the apex of the frog cranially, as the horse seems to have better traction than with a full wedge pad. This also makes the cleaning of the foot much easier than when a full pad is in place.

10. Summary

The tremendous growth of the sport of team roping has arguably made the team roping horse the western performance horse that is most commonly seen by the equine practitioner, regardless of geographic location. The increased demand for these horses combined with their current high purchase prices has contributed to these horses being presented to the equine practitioner for evaluation of even the slightest of problems. While many of these horses may be considered old relative to other equine disciplines, an understanding of how the team roping horse must work coupled with an awareness of the more commonly encountered conditions will enable the clinician to better identify the problems, properly manage any lesions found, and further extend their careers in the arena.

Additional Resources

1. United States Team Roping Championships, P.O. Box 1198, Stephenville, TX 76401. Phone: 254-918-1300.
2. Professional Rodeo Cowboys Association, 101 Pro Rodeo Dr., Colorado Springs, CO 80919. Phone: 719-593-8840.
3. American Quarter Horse Association, P.O. Box 200, Amarillo, TX 79104. Phone: 806-376-4811.