



**INVASIVE TREATMENT – RIDER REPORT – NON METABOLIC**

To be completed by the Rider or Responsible Member

**RIDER BIB NO:**  
\_\_\_\_\_

Situations that typically warrant the use of this include: accidental soft tissue injury; (e.g. lacerations, abrasions); uncomplicated lameness; (e.g. stone bruises, hoof injury, tendon damage); eye injuries; limb fractures etc.

Read this form in conjunction with the 'Invasive Treatment Explanatory Notes' provided by the Chief Steward. Use BLOCK LETTERS except for signatures.

<b>RIDE INFORMATION</b>			
RIDE NAME		STATE	DATE OF RIDE / /
RIDE ENTERED <input checked="" type="checkbox"/>	( ) ENDURANCE	( ) INTERMEDIATE	( ) INTRODUCTORY
DISTANCE		KMS	

<b>RIDER INFORMATION</b>	
RIDERS NAME:	STATE MEMBERSHIP NO:
RIDER STATUS <input checked="" type="checkbox"/>	( ) DAY MEMBER ( ) NOVICE ( ) ENDURANCE
IF A DAY MEMBER PLEASE PROVIDE YOUR RESIDENTIAL ADDRESS:	

<b>HORSE INFORMATION</b>		
HORSES NAME	COLOUR	BREED
AERA HORSE LOGBOOK NO:	AGE	SEX <input checked="" type="checkbox"/>
HORSE STATUS <input checked="" type="checkbox"/>	( ) NOVICE ( ) ENDURANCE	YRS ( ) M ( ) G ( ) S

**AT WHAT STAGE OF THE RIDE DID YOU PRESENT YOUR HORSE FOR TREATMENT?**

( ) PRE-RIDE ( ) OFF COURSE DURING LEG NO: \_\_\_\_\_ AND AFTER \_\_\_\_\_ KMS TRAVELLED

( ) FOLLOWING A VET OUT AFTER LEG NO: \_\_\_\_\_ ( ) DURING MY HOLD TIME AFTER LEG NO: \_\_\_\_\_

( ) POST RIDE

**DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT / INJURY:**

\_\_\_\_\_

	RIDER TO COMPLETE	CHIEF STEWARD TO COMPLETE
NAME:		
SIGNATURE:		
DATE:		
PHONE NUMBER:		
EMAIL:		