



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.

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

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

HORSE INFORMATION		
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:		