



INVASIVE TREATMENT - RIDER REPORT - METABOLIC

To be completed by the Rider or Responsible Member

RIDER BIB NO:

Use this form when the Non Metabolic form is not appropriate to use.
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 / / START TIME AM / PM |
| 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: | |
| AGE BRACKET OF THE RIDER (circle) | <18YRS 19-25 YRS 26-40 YRS >41YRS |
| HOW LONG HAS THE RIDER BEEN COMPETING IN ENDURANCE? | YRS MTHS |
| APPROXIMATELY HOW MANY KMS HAS THE RIDER SUCCESSFULLY COMPLETED IN ENDURANCE RIDES? (EXCLUDE INTRODUCTORY AND TRAINING RIDES) | KMS |

| | |
|--|---|
| 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 |
| HOW LONG HAS THE HORSE BEEN COMPETING IN ENDURANCE? | YRS MTHS |
| APPROXIMATELY HOW MANY KMS HAS THE HORSE SUCCESSFULLY COMPLETED IN ENDURANCE RIDES? (EXCLUDE INTRODUCTORY AND TRAINING RIDES) | KMS |
| PRIOR TO THIS EVENT, WHEN WAS THE LAST EVENT THE HORSE ENTERED? | |
| NAME OF RIDE: | STATE: DATE OF RIDE: / / |
| DISTANCE ENTERED: KMS | DID THE HORSE SUCCESSFULLY COMPLETE? <input checked="" type="checkbox"/> () YES () NO |
| IF NO, <input checked="" type="checkbox"/> THE REASON BELOW: | |
| () WITHDRAWN () V/O LAME () V/O H/R () V/O METABOLICS () V/O OTHER | |

| | |
|--|---------|
| AT WHAT TIME OF DAY DID YOU PRESENT YOUR HORSE FOR TREATMENT? | AM / PM |
| AT WHAT STAGE OF THE RIDE DID YOU PRESENT YOUR HORSE FOR TREATMENT? <input checked="" type="checkbox"/> | |
| () 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 | |

WHEN DID YOU REALISE YOUR HORSE WAS UNWELL?

WHAT COURSE OF ACTION DID YOU TAKE?

WHAT DO YOU THINK WAS THE UNDERLYING PROBLEM?

HAS YOUR HORSE EXPERIENCED THIS CONDITION PREVIOUSLY? IF SO, PLEASE PROVIDE DETAILS?

HAS ANYTHING OCCURRED IN THE LAST 4 WEEKS THAT MAY HAVE PREDISPOSED YOUR HORSE TO THIS CONDITION? EG CHANGE OF DIET.

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