



INVASIVE TREATMENT - VETERINARIAN REPORT

To be completed by the Treatment Veterinarian

RIDER BIB NO:

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

SECTION 1: RIDE, RIDER & HORSE DETAILS

RIDE INFORMATION			
RIDE NAME		STATE	DATE OF RIDE / /
RIDE ENTERED <input checked="" type="checkbox"/>		DISTANCE	KMS
() ENDURANCE	() TRAINING	() INTRODUCTORY	RIDE STARTED AM/PM
RIDER INFORMATION			
RIDERS NAME		STATE MEMBERSHIP NO:	
IF A DAY MEMBER OBTAIN RESIDENTIAL ADDRESS:			
HORSE INFORMATION			
HORSES NAME		AERA HORSE LOGBOOK NO:	
BREED	COLOUR	AGE	SEX <input checked="" type="checkbox"/> () M () G () S

SECTION 2: ADMISSION, EXAMINATION and COST ESTIMATE

THE HORSE WAS PRESENTED TO ME AT : _____ AM / PM ON THE _____ / _____ / _____

STAGE OF COMPETITION WHEN PRESENTED:

() PRE-RIDE
 () OFF COURSE DURING LEG NO: _____ AND _____ KMS TRAVELLED
 () DURING HOLD TIME OFF LEG NO: _____
 () POST RIDE

PARAMETERS AT THE TIME OF PRESENTATION									
HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE	BODY SCORE

PRESENTATION NOTES:

DIAGNOSIS:

SECTION 3: DISCHARGE & RELEASE CONDITIONS

PARAMETERS AT THE TIME OF DISCHARGE								
HR	RESP	TEMP	MUC MEM	CAP REFILL	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE

VETERINARIANS INSTRUCTIONS TO RIDER / RESPONSIBLE MEMBER:

() THE HORSE HAS RECOVERED SUFFICIENTLY TO BE RELEASED AND MAY TRAVEL AFTER () HOUR(S) AND IS RELEASED SUBJECT TO CONTINUED OBSERVATION BY THE RIDER/PERSON RESPONSIBLE.

() THE HORSE MUST BE PRESENTED TO THE FOLLOWING VETERINARY FACILITY FOR FURTHER OBSERVATION AND/OR TREATMENT. THE FACILITY HAS BEEN NOTIFIED ()YES ()NO

NAME OF VETERINARY FACILITY: _____

ADDRESS: _____ PHONE NUMBER: _____

() OTHER SPECIFY _____

TIME OF RELEASE	AM/PM	GRADE OF INVASIVE TREATMENT (circle)	Moderate or Severe
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SECTION 4: REST ORDER DETAILS

IS A REST ORDER BEING PLACED ON THIS HORSE? ()YES ()NO

IF YES, THE HORSE WILL BE INELIGIBLE TO COMPETE IN ANY AERA EVENT FOR () WEEKS (MAX 52). THE TIME PERIOD SHALL COMMENCE FROM THE DATE OF THIS TREATMENT BEING THE / /

THE REASON FOR THE REST ORDER IS;

()GAIT ()INJURY ()METABOLIC ()OTHER (specify)

IF A REST ORDER HAS BEEN ISSUED, IS THE HORSE REQUIRED TO COMPETE AT ITS NEXT AERA RIDE AT NOVICE STATUS? ()YES ()NO

RIDER / RESPONSIBLE MEMBER TO READ AND SIGN

I acknowledge that the horse is released to me subject to the Discharge Conditions and agree to abide by the instructions. I understand that the horse's Logbook will not be returned until all veterinary fees have been paid and that the Logbook may be retained by the Chief Steward if a Rest Order has been issued.

NAME: _____ SIGNATURE: _____ DATE: / /

PHONE: _____ EMAIL: _____

PRINT NAME	SIGNATURE	DATE	PHONE	EMAIL
TREATMENT VET		/ /		
HEAD VET		/ /		
CHIEF STEWARD		/ /		

TREATMENT RECORD

