



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 Division Association if a Rest Order has been issued.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: / /

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Copy to be provided to person responsible for horse's care post ride

# TREATMENT RECORD

To be completed by the treating Veterinarian.  
 Complete additional Treatment Record pages if required.  
 Copy to be provided to person responsible for horse's care post ride

<b>HORSES NAME:</b>		<b>RIDERS BIB NO:</b>
<b>Date/time</b>	<b>Observations and/or details of treatment</b>	<b>Cost</b>