



**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**

<b>RIDE INFORMATION</b>					
RIDE NAME				STATE	DATE OF RIDE / /
RIDE ENTERED <input checked="" type="checkbox"/>			DISTANCE	KMS	
( ) ENDURANCE	( ) TRAINING	( ) INTRODUCTORY	RIDE STARTED	AM/PM	
<b>RIDER INFORMATION</b>					
RIDERS NAME				STATE MEMBERSHIP NO:	
IF A DAY MEMBER OBTAIN RESIDENTIAL ADDRESS:					
<b>HORSE INFORMATION</b>					
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) <b>Moderate or Severe</b>
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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

**INVASIVE TREATMENT NOTED IN LOGBOOK ( ) YES**

**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**

