



**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**

To be completed by the treating Veterinarian.  
Complete additional Treatment Record pages if required.

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