

**AERA** 

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## INVASIVE TREATMENT - VETERINARIAN REPORT

To be completed by the Treatment Veterinarian

SECTION 1: RIDE, RIDER & HORSE DETAILS

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

RIDER	BIB	NO:

		_											
RIDE INF	ORMATION												
RIDE NAME		•					STATE	DATE O					
RIDE ENTE	RED 🗹					DISTAN	NCE	KMS					
( )END	URANCE	( )TRA	INING	( )INTRO	DUCTORY	RIDE S	STARTED	AM/F	M				
RIDER IN	RIDER INFORMATION												
RIDERS NA	RIDERS NAME STATE MEMBERSHIP NO:							IP NO:					
IF A DAY	MEMBER OBTA	IN RESIDE	NTIAL ADDRE	SS:									
HORSE INF	ORMATION												
HORSES NA	ME	1					AERA	HORSE LOGE	300K NO:				
BREED			COLOUR		AGE	SEX (	)M ( )0	G ()S					
I <del></del>													
SECTION	2: ADMISSI	ON, EXAM	INATION an	d COST ES	TIMATE								
THE HORSE	WAS PRESEN	TED TO ME	AT:	,	AM / PM ON	THE	/	/					
							STAGE OF COMPETITION WHEN PRESENTED:						
STAGE OF	COMPETITION	WHEN PRE	SENTED: 🗹										
( ) PRE ( ) OFF ( ) DUR	-RIDE	ING LEG N	IO: AND	KMS <sup>-</sup>	ΓRAVELLED								
( ) PRE ( ) OFF ( ) DUR ( ) POS	-RIDE COURSE DUR ING HOLD TI T RIDE	ING LEG N ME OFF LE	O: AND	KMS <sup>·</sup>	ΓRAVELLED								
( ) PRE ( ) OFF ( ) DUR ( ) POS	-RIDE COURSE DUR ING HOLD TI T RIDE	ING LEG N ME OFF LE ME OF PRE	O: AND G NO:			HEART	GUT	MUSCLE	BODY				
( ) PRE ( ) OFF ( ) DUR ( ) POS	-RIDE COURSE DUR ING HOLD TI T RIDE	ING LEG N ME OFF LE	O: AND G NO:	KMS T	SKIN RECOIL	HEART SOUNDS	GUT SOUNDS	MUSCLE TONE	BODY SCORE				
( ) PRE ( ) OFF ( ) DUR ( ) POS	-RIDE COURSE DUR ING HOLD TI T RIDE	ING LEG N ME OFF LE ME OF PRE	O: AND G NO:	САР	SKIN				-				
( ) PRE ( ) OFF ( ) DUR ( ) POS PARAMETER HR	-RIDE COURSE DUR ING HOLD TI T RIDE	ING LEG N ME OFF LE ME OF PRE	O: AND G NO:	САР	SKIN				-				
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	DIAGNOSIS:							
SECTION 3: DISCHARGE & RELEASE CONDITIONS								
PARAMETERS AT THE TIME OF DISCHARGE								
HR	RESP	TEMP	MUC MEM	CAP	SKIN	HEART	GUT	MUSCLE
				REFILL	RECOIL	SOUNDS	SOUNDS	TONE
VETERINARIA	ANS INSTRUCT	IONS TO RID	ER / RESPONS	IBLE MEMBER:	☑			
			FICIENTLY TO ERVATION BY				R ( ) HOUR(	S) AND IS
, ,			TO THE FOLL S BEEN NOTIF				RTHER OBSERVA	TION
NAME OF VE	TERINARY FAC	ILITY:						
ADDRESS:						PHONE NU	MBER:	
( ) OTHEI	R SPECIFY							
TIME OF RE	LEASE	AM/PM	GRADE OF IN	VASIVE TREAT	MENT (cir	cle) Mode	rate or Se	vere
SECTION 4:	REST ORDER	DETAILS						
IS A REST ORDER BEING PLACED ON THIS HORSE?   ( )YES ( )NO								
IS A REST (	ORDER BEING	PLACED ON T	HIS HORSE?	<b>Z</b>	( )YES		( )NO	
IF YES, TH	E HORSE WILL	BE INELIGB		E IN ANY AEF	A EVENT F	OR ( ) WE	EKS (MAX 52).	
IF YES, THE	E HORSE WILL	BE INELIGE COMMENCE FR T ORDER IS;	LE TO COMPET OM THE DATE	E IN ANY AEF	A EVENT F	OR ( ) WE	EKS (MAX 52).	
IF YES, THE THE TIME POTTHE REASON ( )GAIT	E HORSE WILL ERIOD SHALL FOR THE RES ( )INJ	BE INELIGB COMMENCE FR T ORDER IS; URY (	LE TO COMPET OM THE DATE METABOLI	TE IN ANY AEF OF THIS TREA CC ( )O	TA EVENT F THENT BEI	OR ( ) WE NG THE / ify)	EKS (MAX 52).	NOVICE
IF YES, THI THE TIME PI THE REASON ( )GAIT IF A REST (	E HORSE WILL ERIOD SHALL FOR THE RES ( )INJ	BE INELIGB COMMENCE FR T ORDER IS; URY ( EN ISSUED,	LE TO COMPET OM THE DATE METABOLI	TE IN ANY AEF OF THIS TREA CC ( )OT REQUIRED TO	TA EVENT F THENT BEI	OR ( ) WE NG THE / ify)	EKS (MAX 52).	NOVICE
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## 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
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