



HEAD VETERINARIAN'S REPORT

Event		Date	
Head Veterinarian		Mobile	
Association Veterinarians			
Treatment Veterinarian			
Medication Control	Yes/No		

Medication Control	Horse No.	Horse Name	Sample No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

No. of horses receiving Invasive Treatment (Invasive Treatment forms to be attached)	
No. of Rest Orders issued (Copies of Rest Orders attached)	
No. of Catastrophe Reports issued (Catastrophe report to be attached)	
Incident Report – Issues to be included in Incident report include Abuse of Veterinarian, Performance review of Vet Team, Animal Welfare Issues. Please use reverse side of this form if more space is required.	

Signed (Head Veterinarian)	
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This report should be enclosed with the Chief Steward's report and sent to the VERA Secretary – secretary@vicera.com.au