

HEAD VETERINARIAN'S REPORT

Event:		Date:	
Head Veterinarian		Telephone:	
Associate Veterinarians			
Treatment Veterinarian			
Medication Control			
Distance		No. of Legs	
VGIH	Yes/No	AERA Vetting	Yes/No
Hold Times	Leg 1	Leg 2	
	Leg 3	Leg 4	
	Leg 5		
Weather	Hot/Cold	Wet/Dry	Humid Windy
Terrain	Flat/Hilly	Undulating	Hard Soft

No. of Entries		No. Successful		No. Unsuccessful		
Eliminations and Withdrawals						
	W/D	Gait	Metabolic	Pulse	Other	Total
Pre-Ride						
Leg 1						
Leg 2						
Leg 3						
Leg 4						
Final						

Medication Control	Horse Name and Number	Sample Number
1.		
2.		
3.		
4.		
5.		
6.		

No. of horses Receiving Invasive Treatment (Invasive Treatment forms to be attached)	
No. of Rest Orders Issued (Copies of rest orders attached)	
Catastrophe Report (Catastrophe report to be attached)	
Incident Report Issues to be included in Incident report: Abuse of Veterinarians, Performance review of Vet Team, Animal Welfare Issues. Use reverse side of this form if more space is required or complete a separate Incident Form.	

Signed (Head Veterinarian)	
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This report should be enclosed with the Chief Steward's report and a copy sent to the Chair of the Veterinary Panel.