

HEAD VETERINARIAN'S REPORT

Event:		Date:	
Head Veterinarian			
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
Terrain	Flat/Hilly	Undulating	Hard
			Windy
			Soft

No. of Entries		No. Successful		No. Unsuccessful	
Eliminations and Withdrawals					
	W/D	Gait	Metabolic	Pulse	Other
Pre-Ride					Total
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.	

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.