

AERA Inc. INVASIVE TREATMENT FORM Riders Report.

THE RIDER OF ANY HORSE REQUIRING INVASIVE TREATMENT FOR A PROBLEM AS A RESULT OF COMPETING IN AN AFFILIATED ENDURANCE, OR TRAINING OR INTRO RIDE SHALL COMPLETE THIS FORM TO THE BEST OF THEIR ABILITY AND RETURN IT TO THE CHIEF STEWARD, BEFORE LEAVING THE RIDE BASE.

NAME of HORSE.....

Horse Logbook Number

NAME of RIDER.....

Rider Contact Phone Number Mobile

RIDER PROFILE & EXPERIENCE:	
Approximate age of rider (circle)	<16 YEARS / 16-25 YEARS / 25-40 YEARS / >40 YEARS
How long have you been involved with horses?	Endurance?
Describe involvement with other horse activities.	
Approximately how many kilometres have YOU, the rider completed successfully at Novice and Endurance level?	
How many horses have you successfully campaigned? Give details.	
Details of Awards & Achievements	
Please supply the names of 2 Referees (relevant to EQUINE ACTIVITY):	Phone Number:
1.	()
2.	()

HORSE'S PROFILE & WORK HISTORY	
Do you own the horse?	YES / NO
If not, please give owner's details	Breed
	Age
	Sex STALLION / MARE / GELDING (Please indicate with a circle.)
Previous occupation (stock-horse, pony club, polocrosse, drafting etc.)	
Is this horse Novice or Open? Give details of the experience of this horse.	
How many successful completions & total of successful kilometres achieved in endurance.	
Detail vet-outs in past two years and reasons given.	

HORSE'S HEALTH IN THE TWO WEEKS PRECEEDING THE RIDE	
Did the horse compete in any equine event in the last 2 weeks? Detail.	
If so, how did the horse "pull up" and recover after the event?	
Has the horse suffered ANY sort of debility (illness) or stress in the <u>last 2 weeks</u> ? Give details.	

HORSE'S PREVIOUS MEDICAL HISTORY – Indicate if there has been a problem and include details of all colics, systemic disease and recent or recurring lameness.		
Prior to your ownership	YES / NO	
At home	YES / NO	
At endurance events	YES / NO	
At other events	YES / NO	
REGULAR VETERINARIAN: Clinic name & address:		

HEALTH RECORDS:	Where applicable indicate preparations used and date of last usage.	
	PRODUCT/S USED	FREQUENCY
Worming program:		
Vaccinations:		
Do you give your horse other drugs? YES / NO If so, detail		
Dental Attention: When and what was done?		
Alternative therapies – CHIROPRACTIC, ACPUNCTURE, HOMEOPATHY, EMRT, MASSAGE, MAGNETIC		

TRAINING DETAILS			
How many weeks has your horse been in work prior to this ride?			
Do you train the horse yourself?	YES / NO	If not please supply the name of the person who does.	
When was the last time the horse was worked prior to the ride?			
On average, <i>how many kilometres</i> would your horse do in training per week?		At what <i>speed</i> do you do the majority of your training and describe type of terrain.	
Do you monitor your horse's metabolic parameters – esp. the HR, in training ?	YES / NO	How?	
Have your recent recoveries been consistent?	YES / NO	Detail	
Briefly describe the training methods you use in preparing a horse for endurance?			

FEEDING DETAILS: Give types of feed used and approximate quantities in grams or standard scoops.				
		Type of Feed	DAILY (Quantities)	PER FEED (Quantities)
ENERGY :	Grain Fat/Oil Pellets			
FIBRE:	Chaff Hay			
	Pasture Quality and Access			
ELECTROLYTES				
GIVE DETAILS OF TYPE AND MAKER		QUANTITIES (DAILY)		QUANTITIES (PER FEED)
OTHER ADDITIVES				
GIVE DETAILS OF TYPE AND MAKER.		QUANTITIES (DAILY)		QUANTITIES (PER FEED)
PRE-MIXED FEEDS				
GIVE DETAILS OF MAKER AND TYPE OF FEED.		QUANTITIES (DAILY)		QUANTITIES (PER FEED)
Is this feed pattern consistent?	YES / NO	Reasons:		

FEEDING & WATERING CHANGES - prior to and pre-ride		
Do you add extra grain or electrolytes in the days prior to a ride? PLEASE DETAIL CHANGES.	YES / NO	
Do you alter your horse's feed in the few days before the ride? If so, how?	YES / NO	
Do you alter your horse's water in the last few days before the ride? If so, how?	YES / NO	
What do you feed <u>during and after a ride</u> ? (Please detail type of feed and quantities)		

RIDE DETAILS	
COMMENTS ON HORSE PRE-RIDE – <u>Amount of food & water ingested</u> , behaviour, evidence of stress or other abnormality	
COMMENTS ON HORSE DURING THE RIDE (Especially behaviour and drinking)	
COMMENTS ON RIDE DIFICULT? MODERATE? EASY?	

When did you realise your horse was unwell?	
What course of action did you take?	
What was your total ride time?	
What was your average speed for each leg of the ride? And for the whole ride?	
Is this ride time (and average speeds per leg) normal for you and your horse?	
What do <u>you think</u> was the UNDERLYING PROBLEM? Give Reasons.	

RIDER'S NAME (Please Print)			
RIDER' SIGNATURE			
CHIEF STEWARD'S NAME (Please print)		DATE:	
CHIEF STEWARD'S SIGNATURE			

Non compliance will risk suspension – Copies of Log Book pages may be required in addition to this completed form.

Complete and give to Chief Steward before leaving ride base.