



# Veterinarian Report

Please take a moment to fill out this form after the ride is finished. Your comments are valuable to ERA and it's members and will help in ongoing evaluation in ERA's care, concern and responsibilities to the welfare of the horse in this sport.

RIDE NAME: \_\_\_\_\_ RIDE DATE: \_\_\_\_\_

RIDE LOCATION: \_\_\_\_\_

RIDE MANAGER: \_\_\_\_\_ PHONE/EMAIL: \_\_\_\_\_

Any comments on special conditions: (eg. weather, trail conditions, etc.) \_\_\_\_\_

\_\_\_\_\_

TOTAL NO. OF HORSES:

NO. OF HORSES PULLED: (total)

TOTAL NO. LAMENESS:

Include horses names, if possible.

Comments: \_\_\_\_\_

\_\_\_\_\_

TOTAL NO. METABOLIC:

Include horses names, if possible.

Comments: \_\_\_\_\_

\_\_\_\_\_

OTHER:

Include horses names, if possible.

Comments: \_\_\_\_\_

\_\_\_\_\_

FATALITIES:

HORSE: \_\_\_\_\_ Owner: \_\_\_\_\_

Comments: \_\_\_\_\_

HORSE: \_\_\_\_\_ Owner: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Veterinarian: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_