



**Form EC3
EQUINE CATASTROPHE -
VETERINARIAN**

To be completed by the Treating Veterinarian

Please ensure you read the Equine Catastrophe Explanatory Information sheet before completing this form.
Please use BLOCK LETTERS except for Signatures.

Rider Bib No:

This form is to be completed when a horse either;

- a) Dies at an Endurance event or
- b) Is euthanased at an Endurance event or
- c) Dies or is euthanased subsequent to an Endurance event at which the initial injury or metabolic condition manifested.

SECTION 1: HORSE DETAILS

| | | | | |
|--------------------------|------------------------|--------|-----|---|
| HORSE INFORMATION | HORSES NAME | | | BREED |
| | AERA HORSE LOGBOOK NO: | COLOUR | AGE | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> G <input type="checkbox"/> S |

SECTION 2: INITIAL PRESENTATION DETAILS (IF APPLICABLE)

THE HORSE WAS INITIALLY PRESENTED AT: _____ AM / PM ON THE ____ / ____ / ____

THE STAGE OF THE EVENT WHEN THE HORSE WAS PRESENTED:

- () PRE-RIDE () ON COURSE ON LEG ____
- () OFF COURSE AFTER LEG NO: ____ AND ____ KMS TRAVELLED
- () DURING THE HOLD TIME OFF LEG NO: ____ AND ____ KMS TRAVELLED
- () POST RIDE

PARAMETERS AT INITIAL PRESENTATION

| HR | RESP | TEMP | MUC MEM | CAP REFILL | SKIN RECOIL | HEART SOUNDS | GUT SOUNDS | MUSCLE TONE | BODY SCORE |
|----|------|------|---------|------------|-------------|--------------|------------|-------------|------------|
| | | | | | | | | | |

INITIAL PRESENTATION NOTES:

INITIAL PRELIMINARY DIAGNOSIS:

SECTION 3: TREATMENT PROVIDED (IF APPLICABLE)

For treatment provided by ride veterinarians, please complete and attach the AERA Treatment Record.

For treatment provided by an external Veterinary facility, please provide below a brief description of treatment provided based on any communications between yourself and the external treatment hospital.

SECTION 4: DECISION to EUTHANISE (IF APPLICABLE)

Where the decision to euthanise was taken by you and another veterinarian please provide below the details and clinical observations pertinent to the decision.

SECTION 5: LOCATION OF DEATH OR EUTHANASIA

Where was the horse when it died or was euthanased?

- () ON COURSE ON LEG ___ AT ___ KMS TRAVELLED
- () AT THE RIDE BASE OR THE RIDE BASE VETERINARY HOSPITAL
- () IN TRANSIT TO AN EXTERNAL VETERINARY FACILITY
- () AT AN EXTERNAL VETERINARY FACILITY
- () OTHER, please advise location below.

SECTION 6: NECROPSY (IF APPLICABLE)

Based on the nature of the death and the risk assessment, was a necropsy performed? () YES () NO

If yes, was the necropsy performed by? () Ride Veterinarian(s) or () External veterinarian(s)

If conducted by the ride veterinarians please detail below your observations:

SECTION 7: SUMMATION

As the treating Veterinarian what in your opinion was the primary causation resulting in the death or euthanasia of the horse, considering your clinical observations, the treatment provided and your necropsy findings (if undertaken by you).

| PRINT NAME | SIGNATURE | DATE | PHONE | EMAIL |
|---------------|-----------|------|-------|-------|
| TREATMENT VET | | / / | | |
| HEAD VET | | / / | | |
| CHIEF STEWARD | | / / | | |