



# Form EC4 EQUINE CATASTROPHE – CHIEF STEWARD

To be completed by the Chief Steward

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

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.

The following forms and information are required and it is the responsibility of the Chief Steward to ensure that all the forms are completed, signed and forwarded to the appropriate Division Secretary within 28 days of the event.

- a) Form IT2 – Invasive Treatment Metabolic – Rider OR IT3 Invasive Treatment Non Metabolic - Rider
- b) Form EC2 – Equine Catastrophe – Consent to Equine Euthanasia
- c) Form EC3 – Equine Catastrophe - Veterinarian
- d) Form EC4 – Equine Catastrophe – Chief Steward (this form)
- e) The logbook for the deceased horse shall be retained by the Chief Steward and forwarded with the forms.
- f) Witness Statements - depending on the circumstances of the equine death, such as an accident or collapse on course, it may be appropriate to interview any witnesses and request a written statement from such witnesses.

## SECTION 1: RIDE, RIDER & HORSE DETAILS

<b>RIDE INFORMATION</b>	RIDE NAME	STATE	DATE OF RIDE / /
	RIDE ENTERED <input checked="" type="checkbox"/> ( ) ENDURANCE    ( ) TRAINING    ( ) INTRODUCTORY	DISTANCE	KMS RIDE STARTED    AM/PM
<b>RIDER INFORMATION</b>	RIDERS NAME	DIVISION MEMBERSHIP NO:	
	IF A DAY MEMBER OBTAIN RESIDENTIAL ADDRESS:		
<b>RESPONSIBLE MEMBER</b>	MEMBERS NAME (IF NOT THE RIDER)	DIVISION MEMBERSHIP NO:	
<b>HORSE INFORMATION</b>	HORSES NAME		BREED
	AERA HORSE LOGBOOK NO:	COLOUR	AGE    SEX <input checked="" type="checkbox"/> ( ) M    ( ) G    ( ) S

## SECTION 2: TIME OF CATASTROPHE IN RELATION TO THE RIDE

What was the time of the catastrophe? <input checked="" type="checkbox"/>	( ) HORSE DIED / EUTHANASED DURING AN ENDURANCE EVENT ( ) HORSE DIED / EUTHANASED POST AN ENDURANCE EVENT
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**SECTION 3: LOCATION OF DEATH OR EUTHANASIA**

Where was the horse when it died or was euthanased?

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

\_\_\_\_\_

**SECTION 4: HORSES RIDE RESULTS FOR CURRENT RIDE AND PREVIOUS 6 RIDES**

Complete annexure 1 with the ride results for this horse for the current ride at which the death occurred plus the ride history for the previous 6 rides. Annexure 1 requires certain information regarding average leg speeds. The average speed calculations should exclude "present times" where the ride was conducted under VGIH veterinary controls.

Take the information from the horse's logbook and if clarification is required search the AeraSpace database.

**SECTION 5: TIMELINE FOR THE SEQUENCE OF EVENTS**

To the best of your knowledge, please complete the following time line of events leading to the horses' death or euthanasia.

Horse first presented	AM/PM	/	/	Treatment began	AM/PM	/	/
Decision to refer externally	AM/PM	/	/	Horse departed ride base	AM/PM	/	/
Horse arrived at referral facility	AM/PM	/	/	Decision to euthanise	AM/PM	/	/
Time of death	AM/PM	/	/				

**SECTION 6: NECROPSY**

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

If Yes, who performed the necropsy? \_\_\_\_\_

**SECTION 4: SUMMATION**

From your perspective as Chief Steward please provide a precise of the chain of events that lead to the horse's death or the decision to euthanise the horse by the treating veterinarian(s). Attach additional page if insufficient.

PRINT NAME	SIGNATURE	DATE	PHONE	EMAIL
CHIEF STEWARD		/ /		

**Form EC4 - Annexure 1**

**HORSE'S RIDE RESULT THIS RIDE.**  
 The information will obviously depend at what point the catastrophe occurred. Attempt to provide as much information as been ascertained.  
 Attach a photocopy of the logbook page showing all the vetting parameters and vet comments.

RIDE DISTANCE ENTERED	WEIGHT CARRIED KGS	KMS RIDDEN BEFORE CATASTROPHE	AVERAGE SPEED PER LEG FULLY OR PARTIALLY COMPLETED						
			LEG 1	LEG 2	LEG 3	LEG 4	LEG 5		
			KMS / HR	KMS / HR	KMS / HR	KMS / HR	KMS / HR		

**HORSE'S RIDE RESULTS FROM PREVIOUS 6 RIDES** (List the rides with the most recent at the top)

**COMPLETE THE TABLE BELOW WITH INFORMATION FROM THE HORSE'S LOGBOOK. IF CLARIFICATION IS REQUIRED SEARCH THE AERASPACE DATABASE.**

DATE OF RIDE	NAME OF RIDE	RIDERS NAME	RIDE DISTANCE KMS	RIDE DIVISION	WEIGHT CARRIED KGS	PLACE	TOTAL RIDING TIME	AVERAGE LEG SPEEDS	VET OUT DETAILS
/ /			kms		kgs		Hrs Mins	kph	
/ /			kms		kgs		Hrs Mins	kph	
/ /			kms		kgs		Hrs Mins	kph	
/ /			kms		kgs		Hrs Mins	kph	
/ /			kms		kgs		Hrs Mins	kph	
/ /			kms		kgs		Hrs Mins	kph	