



AUSTRALIAN ENDURANCE RIDERS ASSOCIATION INC.
RIDER REPORT - INVASIVE TREATMENT - METABOLIC

To be completed by the **Rider or Responsible Member**
 Use this form when the Non Metabolic form is inappropriate to use.

RIDER NO:

Read this form in conjunction with the "Invasive Treatment Explanatory Notes" which the Chief Steward should provide.
 Use **BLOCK LETTERS** except for signatures.

RIDE INFORMATION			
RIDE NAME	STATE	DATE OF RIDE / /	START TIME AM / PM
RIDE ENTERED <input checked="" type="checkbox"/> () ENDURANCE () TRAINING () INTRODUCTORY	DISTANCE	KMS	

RIDER INFORMATION			
RIDERS NAME	STATE MEMBERSHIP NO:		
RIDER STATUS <input checked="" type="checkbox"/> () DAY MEMBER () NOVICE () ENDURANCE	IF A DAY MEMBER PLEASE PROVIDE YOUR RESIDENTIAL ADDRESS:		
APPROXIMATE AGE OF THE RIDER (circle).	< 18YRS	19-25 YRS	26-40 YRS > 41YRS
HOW LONG HAS THE RIDER BEEN COMPETING IN ENDURANCE?	YRS	MTHS	
APPROXIMATELY HOW MANY KMS HAS THE RIDER SUCCESSFULLY COMPLETED IN ENDURANCE RIDES? (EXCLUDE INTRODUCTORY AND TRAINING RIDES)	KMS		

RESPONSIBLE MEMBER INFORMATION	
RESPONSIBLE MEMBERS NAME (IF NOT THE RIDER ABOVE)	STATE MEMBERSHIP NO:

HORSE INFORMATION		
HORSES NAME	COLOUR	BREED
AERA HORSE LOGBOOK NO:	AGE	SEX <input checked="" type="checkbox"/>
HORSE STATUS <input checked="" type="checkbox"/> () NOVICE () ENDURANCE	YRS	() M () G () S
HOW LONG HAS THE HORSE BEEN COMPETING IN ENDURANCE?	YRS	MTHS
APPROXIMATELY HOW MANY KMS HAS THE HORSE SUCCESSFULLY COMPLETED IN ENDURANCE RIDES? (EXCLUDE INTRODUCTORY AND TRAINING RIDES)	KMS	
PRIOR TO THIS EVENT, WHEN WAS THE LAST EVENT THE HORSE ENTERED?		
NAME OF RIDE:	STATE:	
DATE OF RIDE: / /	DISTANCE ENTERED:	KMS
DID THE HORSE SUCCESSFULLY COMPLETE? <input checked="" type="checkbox"/> () YES () NO IF NO, <input checked="" type="checkbox"/> THE REASON BELOW:		
() WITHDRAWN () V/O LAME () V/O H/R () V/O METABOLICS () V/O OTHER		

AT WHAT TIME DID YOU PRESENT YOUR HORSE FOR TREATMENT?	AM / PM
AT WHAT STAGE DID YOU PRESENT YOUR HORSE FOR TREATMENT? <input checked="" type="checkbox"/> () PRE-RIDE () POST RIDE	
() OFF COURSE DURING LEG NO: _____ AND AFTER _____ KMS TRAVELLED	
() FOLLOWING A VET OUT AFTER LEG NO: _____ () DURING MY HOLD TIME AFTER LEG NO: _____	

RIDER REPORT- INVASIVE TREATMENT – METABOLIC

The rider / responsible member must complete and submit this form to the Chief Steward prior to leaving the ride base.
 The Chief Steward must submit this report with the Chief Steward Ride Report within 7 days of the ride.
 The Division SMC must submit a copy to the National Horse Welfare Officer within 14 days.

WHEN DID YOU REALISE YOUR HORSE WAS UNWELL?
WHAT COURSE OF ACTION DID YOU TAKE?
WHAT DO YOU THINK WAS THE UNDERLYING PROBLEM?
HAS YOUR HORSE EXPERIENCED THIS CONDITION PREVIOUSLY? IF SO, PLEASE PROVIDE DETAILS?
HAS ANYTHING OCCURRED IN THE LAST 4 WEEKS THAT MAY HAVE PREDISPOSED YOUR HORSE TO THIS CONDITION? EG CHANGE OF DIET.

	RIDER TO COMPLETE	CHIEF STEWARD TO COMPLETE
NAME:		
SIGNATURE:		
DATE:		
PHONE NUMBER:		
EMAIL:		

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