



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.

<b>RIDER NO:</b>

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

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

<b>RIDER INFORMATION</b>			
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

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

<b>HORSE INFORMATION</b>		
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 SUCESSFULLY 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( ) WITHDRAWN ( ) V/O LAME ( ) V/O H/R ( ) V/O METABOLICS ( ) V/O OTHER		

<b>AT WHAT TIME DID YOU PRESENT YOUR HORSE FOR TREATMENT?</b>	<b>AM / PM</b>
<b>AT WHAT STAGE DID YOU PRESENT YOUR HORSE FOR TREATMENT?</b> <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.

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

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

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