



AUSTRALIAN ENDURANCE RIDERS ASSOCIATION INC.
RIDER REPORT - INVASIVE TREATMENT - NON METABOLIC
 To be completed by the **Rider or Responsible Member**

Situations that typically warrant the use of this include:
 Accidental soft tissue injury; (e.g. lacerations, abrasions);
 Uncomplicated lameness; (e.g. stone bruises, hoof injury, tendon damage)
 Eye injuries; limb fractures etc.

**RIDER BIB
NO:**

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

RIDE INFORMATION		
RIDE NAME	STATE	DATE OF RIDE / /
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:	

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

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

DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT / INJURY:

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

RIDER REPORT - INVASIVE TREATMENT – NON 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.