

DRASA Veterinary Report



The report must be completed by the Veterinarian officiating at the ride, and e-mailed or faxed within 72 hours after the ride to secretary@drasa.org.za.

The following must be sent with the report:

DRASA authorization for Medical Treatment if applicable

DRASA Vet medication Report if applicable

DRASA Equine Fatality Report (if applicable)

Treatment Vets Report (if applicable)

**NO REPORTS AND RESULTS SUBMITTED ON TIME, NO RESULTS FOR RIDERS
ARE UPLOADED AND ADDED TO QUALIFICATIONS!!!**

| | |
|-------------------------------------|--|
| Ride Name | |
| Ride Date | |
| Club Name | |
| Ride Managers Name | |
| Line Vets Names and Cell numbers | |
| | |
| | |
| Treatment Vets Name and cell number | |
| Signature | |

Describe the Veterinary area.

| |
|--|
| |
| |
| |
| |

DRASA Veterinary Report

| |
|--|
| |
|--|

Describe the food, drink and payment of veterinarians at the ride.

| |
|--|
| |
| |
| |
| |

Emergency Services- describe services set up at ride: treatment area, horse ambulance, treatment vet, farrier, comments

| |
|--|
| |
| |
| |
| |

Any General Comments regarding the event from a Veterinary viewpoint

| |
|--|
| |
| |
| |
| |

Were any horses vetted out at Pre Ride vetting and for what reasons?

| |
|--|
| |
| |
| |
| |

| Ride Statistics | Number | Comments |
|---------------------------------------|--------|----------|
| Number of horses started | | |
| Number of horses finished | | |
| Number of horses eliminated on course | | |

DRASA Veterinary Report

| | | |
|---------------|--|--|
| At Vetcheck1 | | |
| At Vetcheck 2 | | |
| At finish | | |

| Reasons for elimination | Number |
|-----------------------------|--------|
| Lameness | |
| Metabolic | |
| Thumps | |
| Exertional rhabdomyopathies | |
| Dehydration | |
| High Pulse | |
| Rule violations | |
| Greasy Heel | |
| Body Condition Scoring | |

Any suggestions for Improvements:

| |
|--|
| |
| |
| |
| |
| |
| |