

## AERA Inc. INVASIVE TREATMENT FORM VETERINARIAN'S REPORT

The VETERINARIAN in charge of any horse requiring INVASIVE TREATMENT or a POST MORTEM during the course of an AFFILIATED ENDURANCE or TRAINING or INTRO ride shall complete this form and return it to the CHIEF STEWARD before leaving the RIDE BASE or as soon as possible after the postmortem.

**Technically, any horse that dies or is euthanased as a result of an endurance ride should have details recorded, even if the horse's demise is days or weeks later. While we realise that it may not always be possible to obtain this information – this information is important in formulating strategies to prevent such deaths.**

RIDE INFORMATION								
Ride Name					Date		Distance	
Horse's Name					Logbook No.		Novice	YES / NO
Breed:		Colour:		Age:		Sex:	M / G / S	
Rider's Name					M'Ship No.		Novice	YES / NO

### Physical examination and treatment record – completed by a veterinarian

PARAMETERS	HR	RR	Temp	Muc memb	Cap Refill	Skin Recoil	Heart Sounds	Gut Sounds	Anal Tone	Muscle Tone	Girth/Back	Leg Injury	Gait	OVERALL
<b>Condition when Presented</b>														
<b>Comments:</b>	Time of presentation to vet _____													
<b>Treatment given Time _____</b>														
<b>1-2 hours post presentation</b>														
<b>Comments:</b>														
<b>Any further treatment given Time _____</b>														
<b>3-5 hours post presentation</b>														
<b>Comments:</b>														
<b>When horse leaving</b>														

<b>Comments:</b>	<b>Date:</b> _____
	<b>Time:</b> _____

***Circumstances of problem***

Was this the result of a **METABOLIC** problem  **ACCIDENTAL INJURY**  **OTHER**

Please supply details:

Horse's condition prior to treatment:

At what stage of the ride was the horse treated? Give details of **diagnosis** / comments.

**DETAILS OF TREATMENT INSTITUTED.**

Fluids (Type, quantity, route and rate; time given)

Drugs (Sedatives, analgesics & anti-inflammatories etc. & doses used)

Post treatment comments/advice i.e. follow-up

**REST ORDER ADVICE**

ALSO TO BE WRITTEN IN THE HORSE'S LOG BOOK.

- T1: anti-inflammatory treatment
- T2: oral fluids and electrolytes
- T3: intravenous electrolytes eg. Calcium
- T4: intravenous fluids 10>20 L
- T5: intensive care,>20 IV fluids

<b>TREATING VET'S</b> <b>NAME</b> <b>ADDRESS</b> <b>PHONE</b>  <b>SIGNATURE</b>		<b>DATE:</b>	
<b>HEAD VETERINARIAN'S</b> <b>NAME</b> <b>ADDRESS</b> <b>PHONE</b>  <b>SIGNATURE</b>		<b>DATE:</b>	

*'Revised Jan 2003. Replaces all previous versions'*

**POST MORTEM REPORT**

TIME ELAPSED FROM FIRST EXAMINATION UNTIL DEATH		WAS THIS HORSE EUTHANASED YES / NO
		METHOD OF EUTHANASIA
Specific reasons/comments		

**Post Mortem Details**

<b>General Body Appearance (superficial wounds, body condition, etc.)</b>					
<b>Hydration Status: Attention to mucous membranes, turgor of tissues, fluid in GIT lumen.</b>					
<b>Abdominal Cavity: Check stomach and GIT carefully, especially abnormality of placement, worm damage, enteroliths and any areas of necrosis. Check colour of urine.</b>					
<b>Thoracic Cavity:</b>					
<b>Other Notes: <i>Obvious injury to limbs, head, neck and spine</i></b>					
<b>SAMPLES FOR PROCESSING – Please tick boxes to confirm collection.</b>					
<b>Blood sample</b>	<b>Before death</b>	<b>After death</b>	<b>Tissue</b>	<b>Formalin</b>	<b>Frozen</b>
Plain (serum)	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal Muscle	<input type="checkbox"/>	<input type="checkbox"/>
EDTA	<input type="checkbox"/>	<input type="checkbox"/>	Heart muscle	<input type="checkbox"/>	<input type="checkbox"/>
Fl/oxalate (for glucose)	<input type="checkbox"/>	<input type="checkbox"/>	Adrenal Gland	<input type="checkbox"/>	<input type="checkbox"/>
<b>Urine sample (for urinalysis and drug testing)</b>		<input type="checkbox"/>	Liver	<input type="checkbox"/>	<input type="checkbox"/>
<b>Peritoneal fluid</b>		<input type="checkbox"/>	Lung	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify _____			Kidney	<input type="checkbox"/>	<input type="checkbox"/>
			Intestine	<input type="checkbox"/>	<input type="checkbox"/>
			Intestinal contents	<input type="checkbox"/>	<input type="checkbox"/>
			Brain	<input type="checkbox"/>	<input type="checkbox"/>

Provisional diagnosis
Comments

<b>TREATING VET'S NAME</b> <b>ADDRESS</b> <b>PHONE</b>  <b>SIGNATURE</b>		<b>DATE:</b>	
<b>HEAD VETERINARIAN'S NAME</b> <b>ADDRESS</b> <b>PHONE</b>  <b>SIGNATURE</b>		<b>DATE:</b>	

**IDEALLY THERE SHOULD BE TWO VETS PRESENT AT THE POSTMORTEM WITH A FULL GROSS PATHOLOGY REPORT TO BE SENT TO THE LABORATORY WITH THE SAMPLES.**

**'Revised January 2003. Replaces all previous versions'**