

**Venue ………………………………..……………….**

**From ……………….….…. to ……………….….….**

**Discipline ……………………………………………**

**Vet Name ……………………………….……………**

1. **FEI Veterinarians & Other Treating Professionals**

**1.1 Official Veterinarians at this Event**

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| **FEI ID** | **Complete Name** | **Assignment** | **Date Present** |
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Were any FEI Official Vets not found in the list (no FEI ID or no Vet Card)? **YES/NO**

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**1.2 Permitted Treating Veterinarians at this Event**

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| **FEI ID** | **Complete Name** | **Role** |
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Were any FEI Permitted Treating not found in the list (no FEI ID or no Vet Card)? **YES/NO**

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**1.3 Other Treating Professionals**

Were there any Other Treating Professionals at this show? **YES/NO**

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| --- | --- | --- | --- |
| **Name** | **Contact** | **Phone** | **Role** |
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Were there any problems arising regarding Other Treating professionals? **YES/NO**

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**1.4 FEI Veterinarian ID Card**

Were there any issues regarding procedure and requirements of the FEI Vet ID Card? **YES/NO**

*Please provide details of any problems issues regarding procedure and requirements of the FEI Vet ID Card:*

Were any FEI Official Vets or FEI Treating Vet not found in the tables above (no FEI ID Card or no Vet Card)? **YES/NO**

**1.5 Organising Committee Arrangements**

Did the Organising Committee make the necessary arrangements with the Veterinary delegate in sufficient time and in accordance with the FEI Veterinary Regulations (VRs) (article 1022)?

**YES/NO**

Was remuneration agreed between the Veterinary Delegate and OC before the event? **YES/NO**

Has the OC agreed to pay all travel and accommodation costs? **YES/NO**

**1.6 Meeting with Veterinarians**

The Veterinary Delegate should arrange a meeting with all other veterinarians present before the start of competition (VRs article 1013.5). Did the meeting with the veterinarians occur? **YES/NO**

*Please provide details of any comments or matters arising:*

1. **Stables**

**2.1 Stable and Stable Area Requirements**

Were the Stable and Stable Area Requirements provided in a suitable way and in accordance with the VRs (article

1023)? **YES/NO**

**2.2 Stable Size**

Were the stables a minimum of 3m x 3m? **YES/NO**

Were at least 20px of the stables 4m x 3m? **YES/NO**

**2.3 Stable Biosecurity (required for all Events, VRs article 1023, IV)**

Were groups of Horses separated within the Stable Area into groups of visiting/local Horses, and were appropriate with Horses from the same country/region and with Horses of the same vaccination status (VR 1023.10)?

**YES/NO**

**2.4 Minimum Stable Security (required for all Events, VRs article 1023, IV)**

Was there an effective security system to prevent unauthorised persons from entering the Designated Stable Area? **YES/NO**

Was security at night sufficient? **YES/NO**

**2.5 Other Stable Requirements**

**Description Testing boxes Treatment boxes Isolation stables**

|  |  |
| --- | --- |
|  | **and facilities** |
| How many?Was this a sufficient number? Were they suitable? |  |  |  |

1. **Veterinary Services & Arrangements**

**3.1 Veterinary Services**

If the provision of veterinary services was insufficient or if you have suggestions for the future, please provide your opinion here:

1. **Biosecurity & Examination on Arrival**

**4.1 General Provisions**

Were all provisions and requirements for Biosecurity provided by the Organising Committee (VRs article 1026)? **YES/NO**

**4.2 Examination on Arrival**

Was an examination on arrival organised? **YES/NO**

Name of Veterinarian(s) completing the Examination on Arrival (ensure FEI ID and other information is entered above in section 1.1):

**FEI ID Complete Name Assignment Dates Present**

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**Total number of horses arriving at the venue**

**Total number of horses NOT admitted to the venue**

**Total number of horses arriving with injuries**

**Number of horses sent to isolation facility**

**Number of horses arriving not entered for competition**

**4.3 Comments on non-competing horses**

*Please provide comments regarding those horses entering the venue that are not competing (for example, display sports, other sports):*

**5. International Movement of Horses**

**5.1 Shipping Company**

Was there an Official Shipping Company for the Show? **YES/NO**

*Who was the Official Shipping Company for the Event? :*

**5.2 Transport**

Were all provisions and requirements for Biosecurity provided by the Organising Committee (VRs article 1026)? **YES/NO**

**5.3 Arrangements with Government Authorities**

Were all provisions and requirements for Biosecurity provided by the Organising Committee (VRs article 1026)? **YES/NO**

**6. Passport Control**

**6.1 Passports**

*Total number of passports presented:*

*Total number of passports with Irregularities (VRs 1030):*

**6.2 Passport Irregularities**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Horse** | **Horse Name** | **PR FEI** | **Person** | **NF** | **Violation** | **Sanction** | **/PR** |
| **Passport** |  | **ID** | **Responsible** |  |  | **Penalty** | **signature** |
| **# or FEI** |  |  | **(PR) / Athlete** |  |  | **(CHF)** | **obtained** |
| **ID** |  |  | **Name** |  |  |  | **in** |
|  |  |  |  |  |  |  | **Passport** |
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**7. Horse Inspection(s)**

**7.1 Horse Inspection Conditions**

Were the conditions for the Horse Inspection in accordance with the VRs article 1024 & 1033? **YES/NO**

*Surface type:*

**7.2 Horse Inspection for Competition / Class**

Select discipline to display information about the show's competitions:

Inspection Panel Participants:

|  |  |  |
| --- | --- | --- |
| **FEI ID** | **Complete Name** | **Assignment** |
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First Horse Inspection:

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| --- | --- | --- | --- | --- | --- |
| **Event Code** | **Number of** | **Number of** | **Number of** | **Number of** | **Number of** |
|  | **Horses** | **Horses sent to** | **Horses** | **Horses** | **Horses Accepted** |
|  | **Presented** | **Holding Box** | **Not Accepted** | **Withdrawn** | **AFTER Holding** |
|  |  |  |  |  | **Box** |

Second Horse Inspection (if applicable)

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| --- | --- | --- | --- | --- | --- |
| **Event Code** | **Number of** | **Number of** | **Number of** | **Number of** | **Number of** |
|  | **Horses** | **Horses sent to** | **Horses** | **Horses** | **Horses Accepted** |
|  | **Presented** | **Holding Box** | **Not Accepted** | **Withdrawn** | **AFTER Holding** |
|  |  |  |  |  | **Box** |

Vet Gates and Final Inspection:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event Code :** | **Total Number of** | **Total Number of** | **Number of** | **Number of** | **Number of** |
| **CH-M-E** | **Horses** | **Horses** | **Eliminated for** | **Horses** | **Horses Accpted** |
|  | **Presenting at Vet** | **Eliminated at Vet** | **Metabolic** | **Eliminated for** | **AFTER Holding** |
|  | **Gate** | **Gate** |  | **Irregularity of** | **Box** |
|  |  |  |  | **Gait** |  |
|  |  |  |  | **Lameness** |  |
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Details for Horses Not Accepted, Withdrawn or Eliminated:

**Event Code : CH-M-E**

**Horse Passport #**

**or FEI ID**

**Horse Name Holding Box Withdrawn, Not Accepted OR Eliminated**

**Phase**

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**8.Horse Fatalities**

Please provide information regarding any horse fatalities occurring and ensure this information is reported to the FEI Veterinary Department within 12 hours of the incident :

**Horse Passport Number / FEI ID Horse Name Date & Time of death**

**9. Horse Injuries And Illnesses**

**9.1 Details of Referral Clinic for the Event**

Name of Referral Clinic:

Contact Person:

Telephone Number:

Address:

**9.2 Horse Injuries & Illnesses**

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| --- | --- | --- |
| **Horse Passport Number / FEI ID** | **Horse Name** | **Outcome** |
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**10. Veterinary Forms**

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| --- | --- | --- |
| **Total Number Received:** |  | **Passport Number / FEI ID Horse Name** |
| **Veterinary Form 1** |  |
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| **Veterinary Form 2** |  |
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|  |  |  |
| **Veterinary Form 3** |  | **Passport Number / FEI ID** | **Horse Name** |
| **Veterinary Form 4** |  |  |  |
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**11. Appointed FEI Approved Laboratory**

*Central Laboratory:*

**12. Equine Anti-Doping & Controlled Medication Program**

**12.1 Testing Veterinarians**

Was a Testing Veterinarian present? *If no Testing Veterinarian is present, the Veterinary Delegate should obtain the samples*

**YES/NO**

**12.2 Number of Horses Tested**

How many horses have been tested?

**12.3 Facilities and Testing**

Please provide any comments about the facilities or other aspects of testing, if applicable:

**12.4 Veterinary Forms**

To your knowledge, have any of the Horses presented for Testing received medication, i.e. have any Veterinary

Forms been received (General Regulations Article 146)?

**YES/NO**

Please provide details in the table below of Veterinary Forms received for Horses presented for Testing.

|  |  |  |
| --- | --- | --- |
| **Horse Passport Number / FEI ID** | **Horse Name** | **Veterinary Form Attached to this****Report** |
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**13. Comments, follow-up and Improvements**

*Please give a short comment on your general impression of the event:*

Does further follow-up action need to be taken with the Event Organiser? **YES/NO**

Do you have any additional recommendations for future improvements to the event? **YES/NO**

*Please give a short description of areas for improvements and how they could be achieved:*