EQUINE FATALITY REPORT FORM (FEI Veterinary Regulations, Article 1038.6)

This form must be completed by a representative of the National Federation to inform the FEI Veterinary Department of a fatality having occurred following an FEI Event. The report must be submitted within 72 hours of being notified of the horse’s death.

Discipline (please tick as appropriate):
☐ Jumping  ☐ Dressage  ☐ Eventing  ☐ Driving
☐ Vaulting  ☐ Endurance  ☐ Reining  ☐ Para-Equestrian

Event Name and Date:________________________________________________________

Horse’s name: ___________________________ Horse FEI ID Number (or Passport): __________

Person Responsible: ___________________ Competition Country/
Number: ____________ NF: ____________

I confirm that the horse detailed above died / was euthanased (delete as applicable) on ____________ (DD/MM/YY).

Incident Description, Clinical Details, Medication and Cause of Death:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

A post mortem examination: ☐ was carried out ☐ was not carried out
EADCMP samples: ☐ were taken ☐ were not taken from the horse
Has the horse’s death been registered in the FEI Database? ☐ Yes ☐ No

The horse was located at the following address for the duration of his/her veterinary care:
________________________________________________________________________

National Federation Representative
Name _______________ Position Held: ___________________ Date: ____________