

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.

	tick as appropriate):		_		
	☐ Dressage	L Eventing	☐ Driving		
	Endurance	☐ Reining	☐ Para-Equestri	an	
Event Name and D	Date:				
		Horse FEI ID			
		Nun			
Horse's name:		(or i	Passport):		
Person	Compe	tition	Country/ NF:		
Responsible:	Numbe	r:	_ NF:		
	horse detailed above		anased (<i>delete as</i>		
<i>applicable</i>) on	(DD/MM	/YY).			
			10 (5 11		
Incident Descrip	tion, Clinical Detai	ls, Medication	and Cause of Death:	l I	
A nost mortem ev	amination: \square was ca	rried out \(\square	not carried out		
EADCMP samples:			not taken from the h	norse	
-	eath been registered			No	
The horse was loc veterinary care:	ated at the following	address for the	duration of his/her		
				_	
<u>National Federal</u>	tion Representative	<u> </u>			
Name	Position Held:	l	Date:		