


**FEI GLOBAL ENDURANCE INJURY AND ILLNESS (For injuries requiring invasive treatment)**

<b>Horse ID</b>		<b>Athlete FEI ID</b>		 Fédération Equestre Internationale
<b>Horse Name</b>		<b>Athlete Name</b>		
<b>FEI ID FVD</b>		<b>Event Code</b>		
<b>FVD Name</b>		<b>Location</b> (city/country)		
<b>Treating Vet. Name</b>		<b>Treating Vet. FEI ID</b>		

**Suspected Injury/Illness**

Orthopaedic	Cardiac	AXIAL SKELETON	MUSCULAR	WOUND	LF	RF	LH	RH
Neurological	Intestinal	Neck	Neck	Head				
Ophthalmological	Respiratory	Thoracolumbar	Thoracolumbar	Neck				
Rhabdomyolysis	Epistaxis	Pelvis	Pelvis	Trunk				
Laminitis		Limbs	Limbs	Limbs				

Comments

**FRACTURE**

	FRACTURE TYPE	LF	RF	LH	RH
McII/MtII	Carpus/Tarsus				
McIII/MtIII Proximal	Radius/Tibia				
McIII/MtIII Condylar	Humerus / Femur				
McIII/MtIII Cortical	Scapula				
McIV/MtIV	Other				

**Other Orthopaedic injuries**

FOOT	LF	RF	LH	RH	METACARPAL/METATARSAL	LF	RF	LH	RH
Hoof					Hoof				
Heels					Heels				
PASTERN					CARPUS/HOCK				
Tendon/ligament/muscle					Tendon/ligament/muscle				
Pastern Joint					Carpal/Tarsal Joint				
FETLOCK					FOREARM/THIGH				
Tendon/ligament					Tendon/ligament				
Fetlock Joint					SHOULDER/STIFLE				
					Tendon/ligament				
					Carpal/Tarsal Joint				
Metabolic					Follow up required	YES		NO	
Dehydration					Describe injury/illness				
Exhaustion									
Pyrexia									
Hyperthermia									
Colic									
Diarrhea									
Persistent Tachycardia									
Flutter									
<b>No Diagnosis possible</b>					<b>Eliminated for LAMENESS</b>			<b>Eliminated for METABOLIC</b>	
<b>FATALITY</b>									

Medication/Treatment

**Diagnosis Technique**

Clinical exam	<input type="checkbox"/>	Radiography	<input type="checkbox"/>	Ultrasonography	<input type="checkbox"/>	Biochemistry	<input type="checkbox"/>
Diagnostic Analgesia	<input type="checkbox"/>	Endoscopy	<input type="checkbox"/>	Haematology	<input type="checkbox"/>		

**INVASIVE TREATMENT**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>Post-Mortem</b>	Carried out : YES	NO	<input type="checkbox"/>
Other Comments				<b>Contact Details</b>			
				Address:			
				Email:		Telephone:	

FEI Treating Veterinarian - Date &amp; Signature:

FEI Veterinary Delegate - Date & Signature:
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