1. FEI Veterinarians & Other Treating Professionals

1.1 Official Veterinarians at this Event

<table>
<thead>
<tr>
<th>FEI ID</th>
<th>Complete Name</th>
<th>Assignment</th>
<th>Date Present</th>
</tr>
</thead>
</table>

Were any FEI Official Vets not found in the list (no FEI ID or no Vet Card)?

YES/NO
### 1.2 Permitted Treating Veterinarians at this Event

<table>
<thead>
<tr>
<th>FEI ID</th>
<th>Complete Name</th>
<th>Role</th>
</tr>
</thead>
</table>

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

### 1.3 Other Treating Professionals

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
<th>Phone</th>
<th>Role</th>
</tr>
</thead>
</table>

Were there any problems arising regarding Other Treating professionals?  
YES/NO
### 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:*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Testing boxes</th>
<th>Treatment boxes</th>
<th>Isolation stables and facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this a sufficient number?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were they suitable?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. 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:

________________________________________________________________________

________________________________________________________________________
4. 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):

<table>
<thead>
<tr>
<th>FEI ID</th>
<th>Complete Name</th>
<th>Assignment</th>
<th>Dates Present</th>
</tr>
</thead>
</table>

| 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

<table>
<thead>
<tr>
<th>Horse Passport # or FEI ID</th>
<th>Horse Name</th>
<th>PR FEI ID</th>
<th>Person Responsible (PR) / Athlete Name</th>
<th>NF</th>
<th>Violation</th>
<th>Sanction Penalty (CHF)</th>
<th>PR signature obtained in Passport</th>
</tr>
</thead>
</table>

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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:

<table>
<thead>
<tr>
<th>FEI ID</th>
<th>Complete Name</th>
<th>Assignment</th>
</tr>
</thead>
</table>

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First Horse Inspection:

<table>
<thead>
<tr>
<th>Event Code</th>
<th>Number of Horses Presented</th>
<th>Number of Horses sent to Holding Box</th>
<th>Number of Horses Not Accepted</th>
<th>Number of Horses Withdrawn</th>
<th>Number of Horses Accepted AFTER Holding Box</th>
</tr>
</thead>
</table>

Second Horse Inspection (if applicable)

<table>
<thead>
<tr>
<th>Event Code</th>
<th>Number of Horses Presented</th>
<th>Number of Horses sent to Holding Box</th>
<th>Number of Horses Not Accepted</th>
<th>Number of Horses Withdrawn</th>
<th>Number of Horses Accepted AFTER Holding Box</th>
</tr>
</thead>
</table>

Vet Gates and Final Inspection:

<table>
<thead>
<tr>
<th>Event Code : CH-M-E</th>
<th>Total Number of Horses Presenting at Vet Gate</th>
<th>Total Number of Horses Eliminated at Vet Gate</th>
<th>Number of Horses Eliminated for Metabolic</th>
<th>Number of Horses Eliminated for Irregularity of Gait Lameness</th>
<th>Number of Horses Accepted AFTER Holding Box</th>
</tr>
</thead>
</table>

Details for Horses Not Accepted, Withdrawn or Eliminated:

<table>
<thead>
<tr>
<th>Event Code : CH-M-E</th>
<th>Horse Passport # or FEI ID</th>
<th>Horse Name</th>
<th>Holding Box</th>
<th>Withdrawn, Not Accepted OR Eliminated</th>
<th>Phase</th>
</tr>
</thead>
</table>
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:

<table>
<thead>
<tr>
<th>Horse Passport Number / FEI ID</th>
<th>Horse Name</th>
<th>Date &amp; Time of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Horse Passport Number / FEI ID</th>
<th>Horse Name</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Veterinary Forms

<table>
<thead>
<tr>
<th>Total Number Received:</th>
<th>Passport Number / FEI ID</th>
<th>Horse Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Veterinary Form 1

Veterinary Form 2
### 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.

<table>
<thead>
<tr>
<th>Horse Passport Number / FEI ID</th>
<th>Horse Name</th>
<th>Veterinary Form Attached to this Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________