

YES/NO



Venue
From to
Discipline
Vet Name

1. FEI Veterinarians & Other Treating Professionals

1.1 Official Veterinarians at this Event

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

FEI ID	Complete Name	Assignment	Date Present



1.2 Permitted Treating Veterinarians at this Event

FEI ID Complete Name Role

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

Name Contact Phone Role

Were there any problems arising regarding Other Treating professionals?

YES/NO



/ve	e there any issues regarding procedure and requirements of the FEI Vet ID Card?	YES/N
	Please provide details of any problems issues regarding procedure and requirements of the FEI Vet ID Card:	
/e	e any FEI Official Vets or FEI Treating Vet not found in the tables above (no FEI ID Card or no Vet Card)?	YES/N
5	Organising Committee Arrangements	
id	the Organising Committee make the necessary arrangements with the Veterinary delegate in sufficient time and ordance with the FEI Veterinary Regulations (VRs) (article 1022)?	l in
	ordance with the LT veterinary regulations (vivs) (article 1022):	YES/N
'a:	remuneration agreed between the Veterinary Delegate and OC before the event?	YES/N
as	the OC agreed to pay all travel and accommodation costs?	YES/N
6	Meeting with Veterinarians	
he	Veterinary Delegate should arrange a meeting with all other veterinarians present before the start of competition	n (VRs
tic	ele 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?

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?

3. Veterinary Services & Arrangements

3.1 Veterinary Services

the provision of veterinary services was insufficient or if you have suggestions for the future, please provide your opi	nion
ere:	



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):

FEI ID Complete Name Assignment Dates Present

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 sports, other sports):	ple, display

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 Passport # or FEI ID	Horse Name	PR FEI ID	Person Responsible (PR) / Athlete Name	NF	Violation	Sanction Penalty (CHF)	IPR signature obtained in Passport

VETERINARY REPOR	RT		F.E.		
7. Horse Inspection	(s)				
7.1 Horse Inspection Co	onditions				
Were the conditions for the Horse In	spection in accordance with the VR	s 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			

VETERINARY REPORT



First Horse Inspection:

Event Code

Number of Horses Presented

Number of Horses sent to **Holding Box**

Number of **Horses Not Accepted** Number of Horses Withdrawn Number of **Horses Accepted** AFTER Holding **Box**

Second Horse Inspection (if applicable)

Event Code

Number of Horses Presented

Number of Horses sent to **Holding Box**

Number of Horses **Not Accepted** Number of Horses Withdrawn Number of **Horses Accepted** AFTER Holding Box

Vet Gates and Final Inspection:

Event Code: CH-M-E

Total Number of Horses Presenting at Vet Eliminated at Vet

Gate

Total Number of Horses

Gate

Number of Eliminated for Metabolic

Number of Horses Eliminated for Irregularity of Gait Lameness

Number of Horses Accpted AFTER Holding

Box

Details for Horses Not Accepted, Withdrawn or Eliminated:

or FEI ID

Event Code: CH-M-E

Horse Passport # Horse Name

Holding Box

Withdrawn, Not **Accepted OR** Eliminated

Phase



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

Horse Passport Number / FEI ID Horse Name Outcome

10. Veterinary Forms

Total Number Received: Passport Number / FEI ID Horse Name

Veterinary Form 1

Veterinary Form 2

VETERINARY REPORT



Passport Number / FEI ID Horse Name

Veterinary Form 3

Veterinary Form 4

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 YES 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

VETERINARY REPORT



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

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/NC
Do you have any additional recommendations for future improvements to the event?	YES/NC
Please give a short description of areas for improvements and how they could be achieved:	