

AERC Post-Ride Control Judge and Veterinary Treatment Report

To be filled out by the head control judge – Please complete a form for each distance

(Send completed form to AERC, P.O. Box 6027, Auburn, CA 95604 or fax to 530-823-7805)

Ride Name _____ Region _____ Distance _____

Date _____ Manager _____ Head Control Judge _____

Ride Control Judges and Treatment Veterinarians (please list):

Please note: RIDER OPTION, RIDER OPTION-LAME and RIDER OPTION-METABOLIC are only to be used in cases where the horse has cleared/passed control judging and is fit to continue, but rider elects to withdraw.

Instructions: For each category, please write in number of pulls attributed to each. Limit one category for each horse/disqualification.			
METABOLIC	Pulse criteria	LAMENESS	
	Rhabdomyolysis	Forelimb	Hindlimb
	SDF	Unknown	Unknown
	Fatigue/Exhausted	Hoof	Hoof
	Colic	Joint	Joint
TACK	Sore back	Tendon	Tendon
	Galls	Suspensory	Suspensory
		Other ligament	Other ligament
INJURY	Body laceration	Muscle	Muscle
	Body contusion	RIDER OPTION	RO
	Leg laceration		RO-L
	Ocular		RO-M

TRAIL CONDITIONS	Wet	TREATMENTS	# of horses requiring treatment
	Dry		Litres of fluid per treated horse
	Soft		
	Hard		
CLIMATE	High temp.	COMMENTS: _____ _____ _____ _____	
	Low temp.		
	Humidity		
	Precipitation		