



IMPORTANT! Please attach the rider card to this form. Send to the AERC office with the post-ride statistical report.

AERC Equine Fatality Report

Ride _____ Distance _____ Date _____

Ride Location: City _____ State _____ Region _____

Ride Manager _____ Phone _____

Head Veterinarian _____ Phone _____

Rider _____ Owner _____

Address _____ Phone _____

Horse _____ Age _____ Sex _____ Breed _____

If known: Horse/Rider miles _____ / _____ Horse/Rider miles in last six months _____ / _____

History of previous problems at a ride _____

Ride conditions and history _____

Events leading up to problem _____

What happened _____

Treatment (describe details of treatment only if the owner/rider has authorized release of treatment records to AERC)

Tentative cause of death _____

Person/facility performing AERC-subsidized necropsy _____ Phone _____

If necropsy not performed, please state reasons _____

Witnesses (list name and phone #) _____

Fax or mail immediately to AERC, P.O. Box 6027, Auburn, CA 95604 • Fax 530-823-7805 • Phone 866-271-2372

NOTE: A member of AERC's Veterinary Committee will be contacting the head veterinarian.