

# AERC VETERINARY TREATMENT FORM

Horse's Name \_\_\_\_\_ Rider/Horse Number \_\_\_\_\_

Person Responsible \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for Referral \_\_\_\_\_

Refer from Vet Gate No. \_\_\_\_\_ Time \_\_\_\_\_ Treatment Vet Callback Phone \_\_\_\_\_

Description of Treatment (medications/amounts/route/time):

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After examination/treatment of the above horse, this equine should be:

- Returned to base camp with immediate referral to treatment veterinarian on duty
- Returned to the horse's stabling area with horse brought to veterinarian for recheck in \_\_\_\_ hours
- Referred to surgical hospital on call for this event
- Released to care of person responsible, to return if symptoms recur

Name of Treating Veterinarian(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date/Time \_\_\_\_\_

**To the Referral Clinic:** In the unlikely event that this horse should not survive, the AERC Veterinary Committee strongly suggests a post-mortem examination be performed for purposes of collecting data. Currently, AERC will reimburse the owner for costs associated with a necropsy up to \$300.

Person responsible (owner/agent): I authorize release of medical reports on this equine, including any post-mortem examination report, to: AERC Veterinary Committee, P.O. Box 6027, Auburn, CA 95604.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Person responsible (owner/agent): I hereby authorize that a post-mortem examination be performed on this equine.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_