



American Endurance Ride Conference

Post Ride Rider Survey Form

Thank you for taking time to provide this important information!

Please complete this form ONLY if your horse experienced any lameness or metabolic problems related to the ride whether at the ride site or after leaving. Please be thorough to the best of your knowledge and use the back of this sheet if necessary for comments. You can remain anonymous or include your name, but please respond. Return completed form to the National Office by mail, e-mail, or fax as noted at the bottom of this form.

Ride Name: _____ Ride Date: _____ Region: _____

Ride Length: _____ Were there sufficient control judges? Yes ___ No ___ Total hold time (hours) _____

Time to Finish _____ Placing _____ Total Riders _____ Total Control Judges _____ Number of Control Checks _____

Did you finish this ride? Yes ___ No ___ Please rate difficulty of ride using scale of 1-10 (10 most difficult) _____

Briefly discuss weather conditions: _____

Horse Info: Age _____ Sex _____ Years competing _____ Lifetime mileage _____

Rider Info: Age _____ Sex _____ Years competing _____ Lifetime mileage _____

Reason for Failure to Finish:

Lameness – Be specific, i.e., location, diagnosis, for example “sore RF suspensory”): _____

_____ When? _____ (miles)

Metabolic: Tying up _____ When? _____ (miles)

Failed to recover _____ Pulse _____ CRI _____ When? _____ (miles)

Colic _____ When? _____ (miles)

Other _____ When? _____ (miles)

Was treatment required for any of the above conditions? Yes ___ No ___ In your opinion was the control judge/ treatment vet staff competent and prepared (equipment, supplies, etc.) to handle treatment? Yes ___ No ___

Comments _____

Did this horse require treatment within 72 hours of ride for a condition not observed or treated at the ride?

Yes ___ No ___ If yes, for what diagnosis? _____

Did you continue treatment at home or at a referral clinic? Yes ___ No ___ If yes, list specific details:

Nasogastric tube: Yes ___ No ___ If yes, with what? _____

Intravenous fluids: Yes ___ No ___ If yes, quantity in liters? _____

Medications: _____

Duration of treatment: _____ Has the problem resolved? Yes ___ No ___

Opinion as to recovery and future ability to compete on this horse: _____

Had any of the problems associated with this ride been observed in this horse previously? Yes ___ No ___

If yes, please detail (dates, etc.): _____

