

Horse's Name

A.E.R.A Number

Horse's Name

A.E.R.A Number

A.E.R.A. Inc



ENDURANCE HORSE

LOG BOOK

Horse's Name

A.E.R.A Number

Horse's Name

A.E.R.A Number

A.E.R.A. Inc

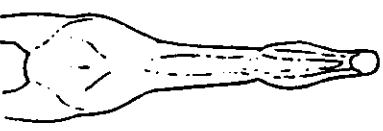
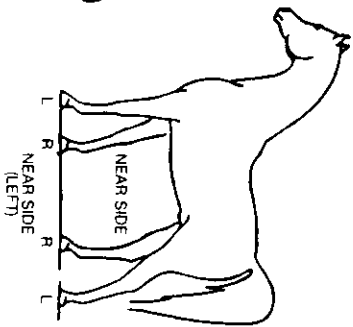
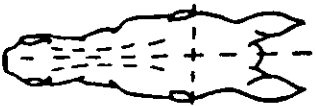


NOVICE HORSE

LOG BOOK 0154

VETERINARY COMPLETED ID

VETERINARY COMPLETED ID

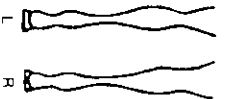


HEAD AND NECK
VENTRAL VIEW

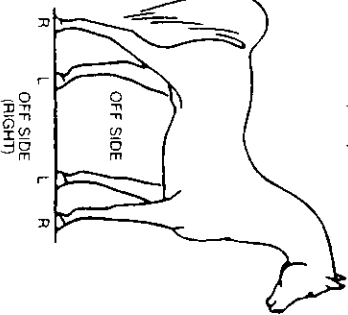
HIND LEGS
REAR VIEW



FORE LEGS
REAR VIEW



OFF SIDE



AGE OF HORSE ON THE
DAY OF IDENTIFICATION

HEAD AND NECK	
LEFT FORE	
RIGHT FORE	
LEFT HIND	
RIGHT HIND	
BODY	
BRANDS & OTHER ACQUIRED MARKS	

I am a registered Log Book Secretary / Registrar and I certify the above to be a true and correct copy of the complete ID form.

Signature..... Date.....

Name of Log Book Secretary / Registrar (BLOCK LETTERS).....

SERIAL No: T0154

LOGBOOK SERIAL No: T

0154

No. _____
 RIDE NAME _____
 HORSE NAME _____

DATE _____ DISTANCE _____

STATE _____

HEART RATE _____
 RESPIRATION R.P.M. _____
 TEMPERATURE C° _____

HORSE NAME	
MEMBRANES	
MUCOUS	
JUGULAR REFILL	
CAPILLARY AND	
SKIN RECOIL	
HEART SOUNDS	
GUT SOUNDS	
ANAL TONE	
MUSCLE TONE	
GIRTH, WITHERS	
AND BACK	
LEG INJURIES	
GAIT	
OVERALL	

B.C. HORSE
 SWABBED
 REST ORDER

VETERINARY COMMENTS

VET'S SIGN

MEMBERSHIP No. _____
 DIV. _____
 STATUS NOVICE END

FULL COMPLETION DETAILS

NAME _____ PLACE _____

SUCCESSFUL COMPLETION DETAILS

REASON

W/MN _____

RETARY'S SIGNATURE

START TIME	PRE RIDE EXAM	VET 1 TIME	VET 2 TIME	VET 3 TIME	VET 4 TIME	VET 5 TIME
IN _____ OUT _____						
IN _____ OUT _____						
IN _____ OUT _____						
IN _____ OUT _____						

HEAD VET SIGNATURE

contained on these pages may not be a true and accurate record.
 needed record of the horse's performance please apply to the AERA Registrar.

SCORE ALL OF THE ABOVE EVERY CHECK

SERIAL No: **T 0154**

LOGBOOK SERIAL No: **T 0154**

No. _____
 RIDE NAME _____
 HORSE NAME _____

DATE _____

DISTANCE _____

STATE _____

HEART RATE _____

RESPIRATION R.P.M. _____

TEMPERATURE C° _____

HORSE NAME	
MEMBRANES	
MUCOUS	
JUGULAR REFILL	
CAPILLARY AND	
SKIN RECOIL	
HEART SOUNDS	
GUT SOUNDS	
ANAL TONE	
MUSCLE TONE	
GIRTH, WITHERS	
AND BACK	
LEG INJURIES	
GAIT	
OVERALL	

B.C. HORSE
 SWABBED
 REST ORDER

2

MEMBERSHIP No. _____

START TIME _____

PRE RIDE EXAM _____

VETERINARY COMMENTS _____

VET'S SIGN _____

STATUS NOVICE END

IN _____

VET 1 TIME _____

OUT _____

IN _____

VET 2 TIME _____

OUT _____

IN _____

VET 3 TIME _____

OUT _____

IN _____

VET 4 TIME _____

OUT _____

FULL COMPLETION DETAILS

NAME _____

PLACE _____

IN _____

VET 2 TIME _____

OUT _____

IN _____

VET 3 TIME _____

OUT _____

IN _____

VET 4 TIME _____

OUT _____

REASON FOR INCOMPLETE

REASON _____

IN _____

VET 4 TIME _____

OUT _____

IN _____

VET 5 TIME _____

OUT _____

MAN _____

IN _____

VET 5 TIME _____

OUT _____

RETARY'S SIGNATURE _____

HEAD VET SIGNATURE _____

contained on these pages may not be a true and accurate record of the rider's performance please apply to the AERA Registrar.

SCORE ALL OF THE ABOVE EVERY CHECK

SUMMARY OF RIDE HISTORY

Name of Purchaser/Leasee Membership No(s)

Postal Address

Date of Transfer/Lease

Current Owner
Log Book Secretary
or Registrar Signature

Name of Purchaser/Leasee Membership No(s)

Postal Address

Date of Transfer/Lease

Current Owner
Log Book Secretary
or Registrar Signature

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Postal Address

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Date of Transfer/Lease

Current Owner
Log Book Secretary
or Registrar Signature

Name of Purchaser/Leasee Membership No(s)

Postal Address

Date of Transfer/Lease

Current Owner
Log Book Secretary
or Registrar Signature

CHANGES OF OWNERSHIP

DATE	PLACE	COUNTRY	VACCINE NAME	VACCINE BATCH NO	NAME, SIGNATURE & STAMP OF VETERINARIAN