

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 (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 | | |