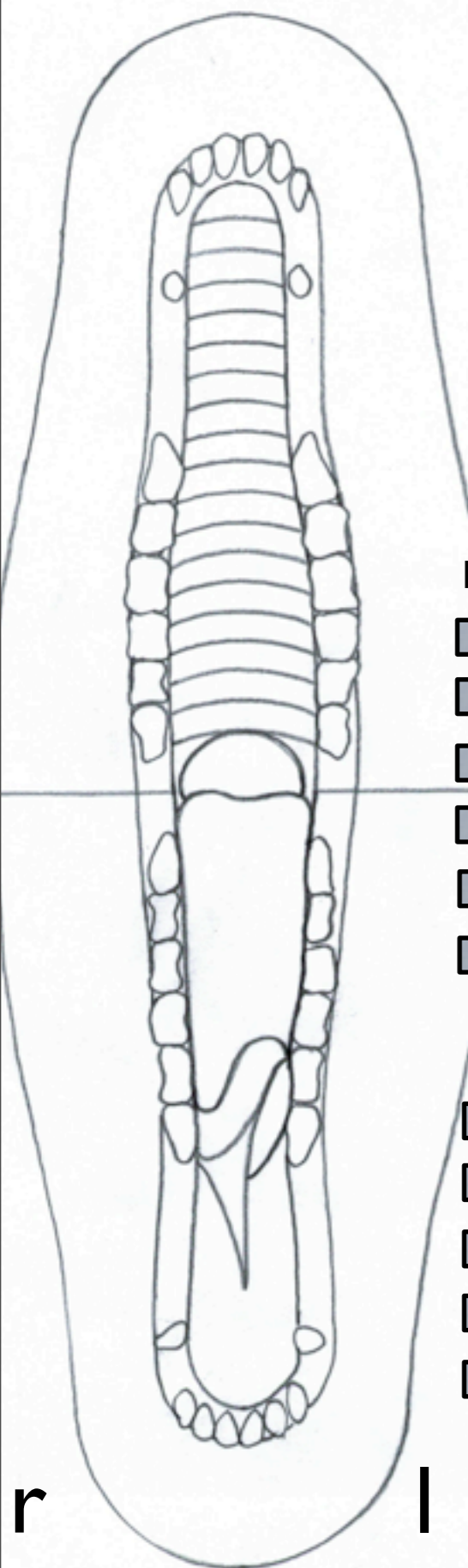


Vet Form

Event: _____
 Start Number: _____
 Rider: _____
 Horse: _____
 Test: _____
 Bit: _____
 Protective Material: _____
 Judge: _____



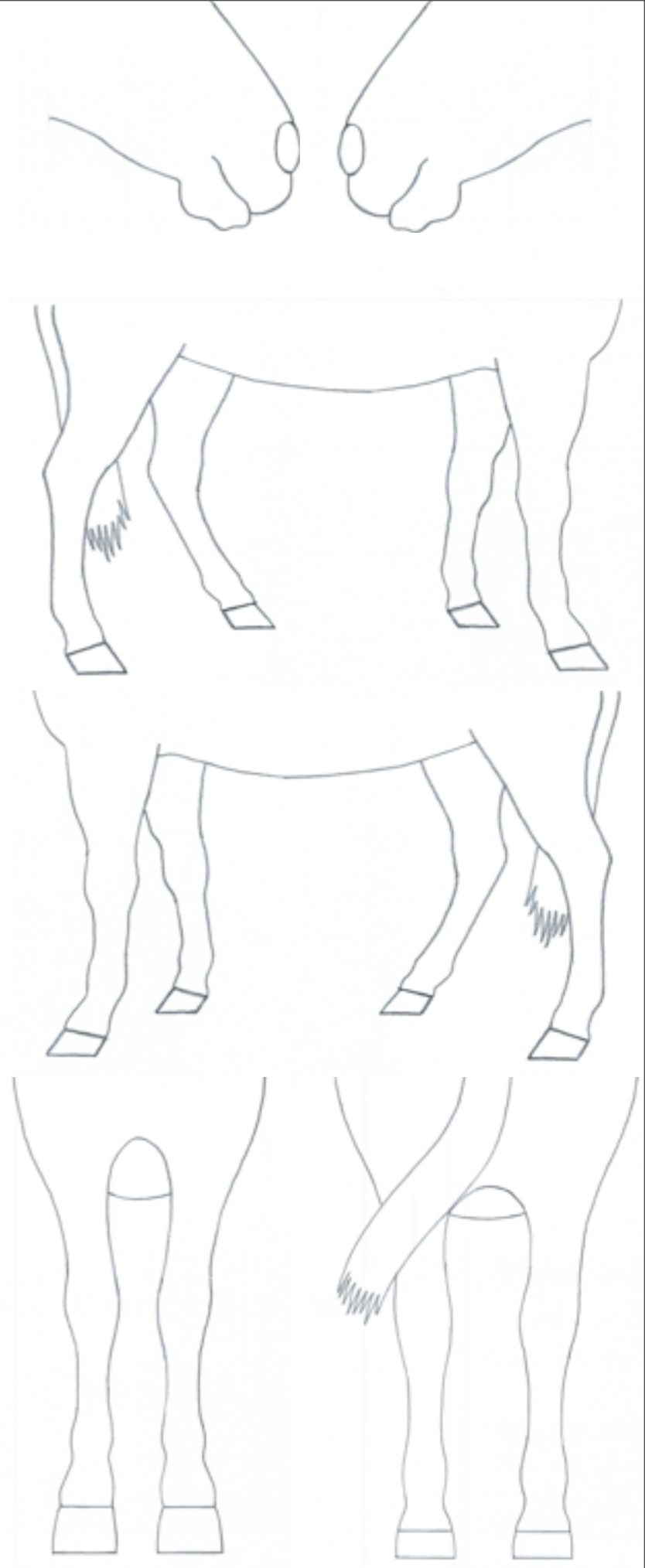
Mouth

- r | Category**
- 1 = <1cm > 0 <
 - 2 = >1cm > 1 <
 - s = sensitive > 2 <
 - bl = blood > 4 <
 - su = superficial > 0 <
 - d = deep > 2 <
- r | Laceration**
- b = bruise > 1 <
 - f = fresh > 1 <
 - o = old > 0 <
 - sc = scar > 0 <
 - sw = swelling > 1 <

Draw in the diagrams, mark the boxes due to findings, add scores.

Legs

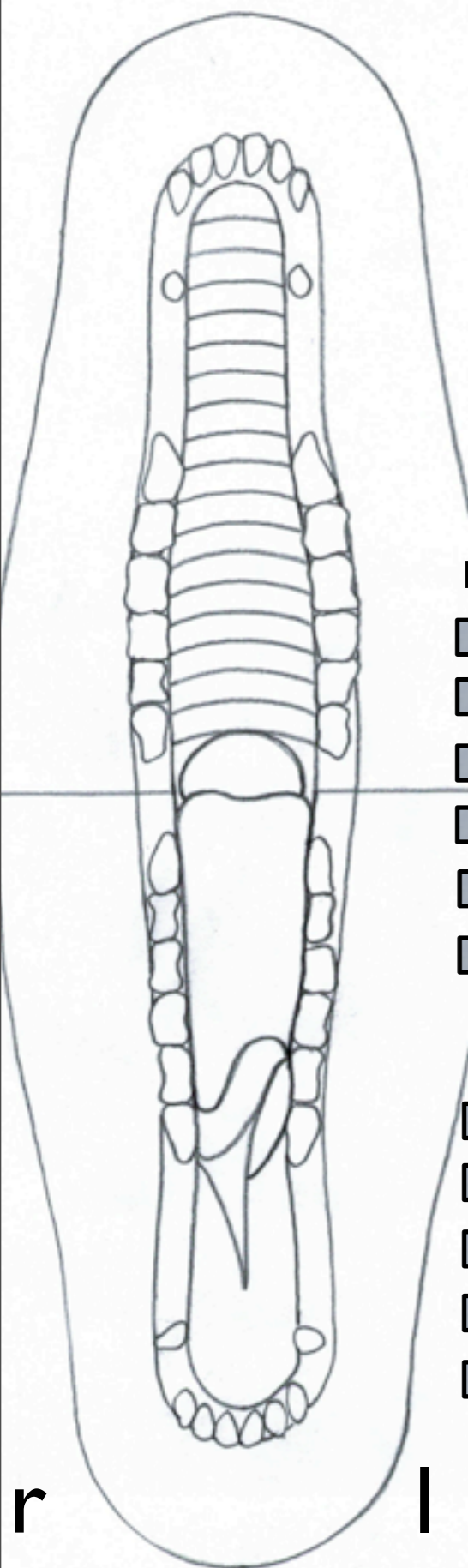
- r | Category**
- 1 = <1cm
 - 2 = >1cm
 - s = sensitive
 - bl = blood
 - su = superficial
 - d = deep
- r | Laceration**
- b = bruise
 - f = fresh
 - o = old
 - sc = scar
 - sw = swelling



total score: 3 ≤ IN
4 ≥ OUT

Vet Form

Event: _____
 Start Number: _____
 Rider: _____
 Horse: _____
 Test: _____
 Bit: _____
 Protective Material: _____
 Judge: _____



Mouth

Draw in the diagrams, mark the boxes due to findings, add scores.

- | r Category | Scores |
|--------------------------------------------------------------------|---------------|
| <input type="checkbox"/> <input type="checkbox"/> 1 = <1cm | > 0 < |
| <input type="checkbox"/> <input type="checkbox"/> 2 = >1cm | > 1 < |
| <input type="checkbox"/> <input type="checkbox"/> s = sensitive | > 2 < |
| <input type="checkbox"/> <input type="checkbox"/> bl = blood | > 4 < |
| <input type="checkbox"/> <input type="checkbox"/> su = superficial | > 0 < |
| <input type="checkbox"/> <input type="checkbox"/> d = deep | > 2 < |

- | r Laceration | |
|-----------------------------------------------------------------|-------|
| <input type="checkbox"/> <input type="checkbox"/> b = bruise | > 1 < |
| <input type="checkbox"/> <input type="checkbox"/> f = fresh | > 1 < |
| <input type="checkbox"/> <input type="checkbox"/> o = old | > 0 < |
| <input type="checkbox"/> <input type="checkbox"/> sc = scar | > 0 < |
| <input type="checkbox"/> <input type="checkbox"/> sw = swelling | > 1 < |

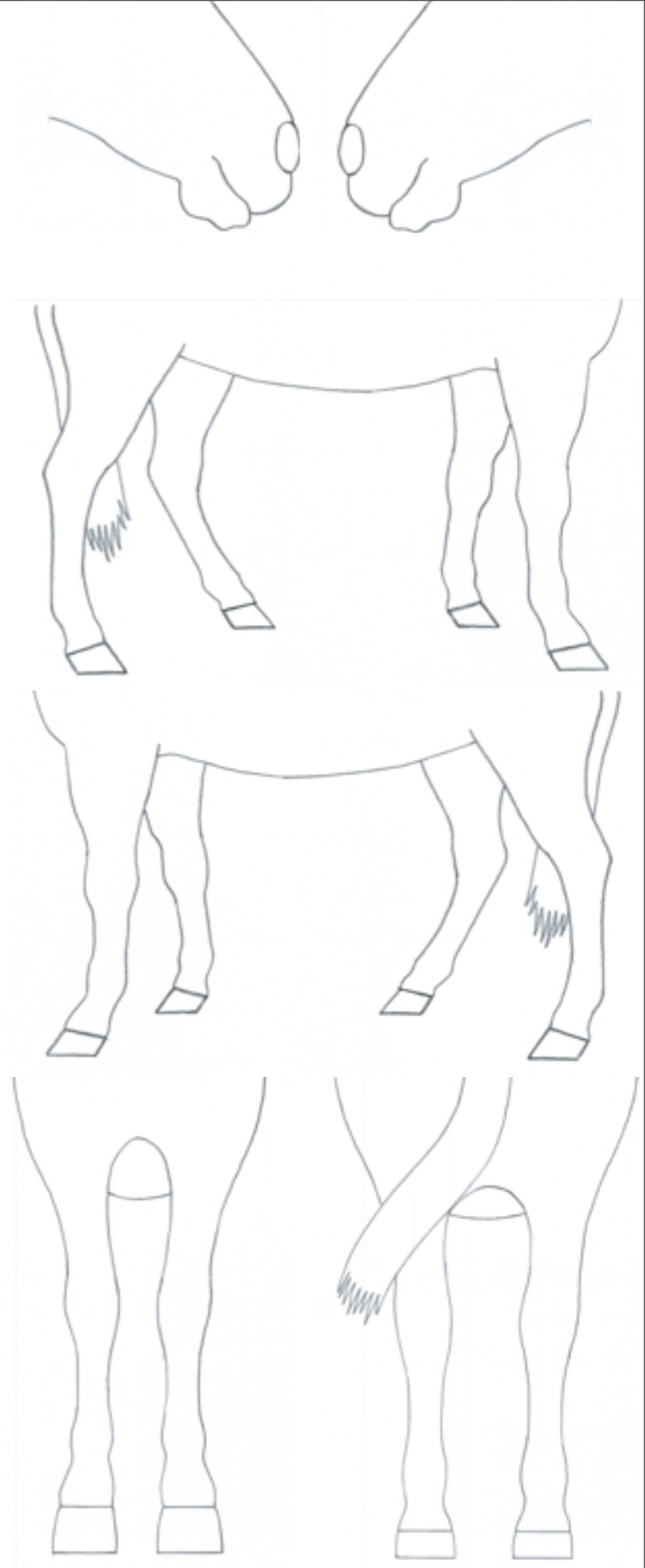
Legs

- | r Category | |
|--------------------------------------------------------------------|--|
| <input type="checkbox"/> <input type="checkbox"/> 1 = <1cm | |
| <input type="checkbox"/> <input type="checkbox"/> 2 = >1cm | |
| <input type="checkbox"/> <input type="checkbox"/> s = sensitive | |
| <input type="checkbox"/> <input type="checkbox"/> bl = blood | |
| <input type="checkbox"/> <input type="checkbox"/> su = superficial | |
| <input type="checkbox"/> <input type="checkbox"/> d = deep | |

- | r Laceration | |
|-----------------------------------------------------------------|--|
| <input type="checkbox"/> <input type="checkbox"/> b = bruise | |
| <input type="checkbox"/> <input type="checkbox"/> f = fresh | |
| <input type="checkbox"/> <input type="checkbox"/> o = old | |
| <input type="checkbox"/> <input type="checkbox"/> sc = scar | |
| <input type="checkbox"/> <input type="checkbox"/> sw = swelling | |

total score:

3 ≤ IN
4 ≥ OUT



VET FORM 3

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:



www.feif.org

Entry control

Date and time:

Vaccinations: correct yes / no

Identity check: correct yes / no

General health: ok yes / no

Medication forms: present/required yes / no (if 'Yes', specify below)

Remarks:

Full name & signature of the person responsible, to confirm that he / she declares to the best of his / her knowledge, the horse is free of infectious diseases and comes from a stock that is and has recently been free of infectious diseases.

Conclusion: allowed into stable: yes / no

Checked by:

VET FORM 4

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:



www.feif.org

Fit to compete

Date and time:

Sound: yes / no

Remarks:

Accepted yes / no

Checked by Veterinary surgeon:

Follow up checks yes / no

Date:

Remarks:

Checked by Veterinary Surgeon:

Follow up checks yes / no

Date:

Remarks:

Checked by Veterinary Surgeon:

SHOEING FORM

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:



www.feif.org

Shoe Check

Date and time:

Front		Hind	
Shoes	8mm / 10 mm	Shoes	8mm / 10 mm
Soles		Soles	
Rings		Rings	

Checked by Judge:

Further inspection after test

accepted / not accepted

Checked by Judge:

Further inspection after test:

accepted / not accepted

Checked by Judge: