

HORSE DATA FORM FOR CCIs

DATE (dd/mm/yy)		EVENT	
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GENERAL/FIRST VETERINARY EXAMINATION

PASSPORT N°	NAME HORSE	NF	NAME RIDER	ID-NUMBER
WEIGHT	COMMENTS			

FIRST HORSE INSPECTION

TIME	TEMPERATURE	HUMIDITY	PASS	HOLD	FAIL
WEIGHT	COMMENTS				

SECOND HORSE INSPECTION

TIME	TEMPERATURE	HUMIDITY	TIME IN	TIME OUT	PASS	FAIL
	PULSE	RESPIR. RATE	TEMPERATURE	COMMENTS		
1						
2						
3						

SECOND VETERINARY EXAMINATION

COMMENTS	
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THIRD HORSE INSPECTION

TIME	TEMPERATURE	HUMIDITY	PASS	HOLD	FAIL
WEIGHT	COMMENTS				

MEDICATION CONTROL INFORMATION

DATE	TIME	URINE		BLOOD	
		YES		YES	
		NO		NO	

HORSE DATA FORM FOR CICs

DATE (dd/mm/yy)		EVENT	
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GENERAL/FIRST VETERINARY EXAMINATION

PASSPORT N°	NAME HORSE	NF	NAME RIDER	ID-NUMBER
WEIGHT	COMMENTS			

FIRST HORSE INSPECTION

TIME	TEMPERATURE	HUMIDITY	PASS	HOLD	FAIL
WEIGHT	COMMENTS				

SECOND VETERINARY EXAMINATION

TIME	TEMPERATURE	HUMIDITY	TIME IN	TIME OUT		
	PULSE	RESPIR. RATE	TEMPERATURE	COMMENTS		
1						
2						
3						

FINAL HORSE INSPECTION

TIME	TEMPERATURE	HUMIDITY	PASS	HOLD	FAIL
WEIGHT	COMMENTS				

MEDICATION CONTROL INFORMATION

DATE	TIME	URINE		BLOOD	
		YES		YES	
		NO		NO	