**APPENDIX 2: VETERINARY REPORT - HORSES COMPETING AT BUSH RACE MEETINGS**

 **COMPLETE REPORT FOR ALL RACES ON PROGRAM**

**Race Meeting: Date:** . . . / . . . / . . .

**Number of races: Number of heats per race:**

**Number of horses entered per race: Number started per race:**

**Number of horses eliminated at pre race veterinary inspection:**

**Reasons for elimination:**

**Number of falls during races:**

**Reasons:**

**Action taken to prevent repetition:**

**Number of horses requiring treatment:** (Include type/nature of treatment provided and reason for requiring treatment)

 1.

 2.

 3.

 4.

 5.

**Number of horses requiring destruction:**

**Reason:** 1.

 2.

 3.

**Other comments:** Please write overleaf

**Name of Registered Veterinary Practitioner:**

**Address: Phone:** . . . . . . . . . . . .

 **Signature:** . . . . . . . . . . . . . . . . . . .