

DRASA EQUINE FATALITY REPORT FORM



This form must be completed by the Treatment Vet as a DRASA ride where a fatality has occurred.

The report must be submitted to DRASA national office with the Veterinary Reports submitted to DRASA and the Ride Master and EVIG veterinary Group within 14 days after the Ride.

Event Name _____

Event Date _____

Horse's Name _____

Horse's Passport Number _____

Person Responsible _____

Rider Number _____

I confirm that the horse detailed above died/was euthanized (delete as applicable) on _____ (DD/MM/YY)

Incident Description, Clinical Details, Medication and Cause of Death:

A post mortem examination: was carried out was not carried out

The horse was located at the following address for the duration of his/her veterinary care:

Treatment Vet Name	Signature	Date
_____	_____	_____