



Event:	Date:	Weight (kg):			Number:
Rider	Horse:	R	R	R	
		R + S	R + S	R + S	

Parameters	Pulse 1	Pulse 2	Skin tenting	Mucous memb.	Capillar refill	Gut sounds	Girth	Gait	Impulsion	Remarks	Signature
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Pre-ride inspection											
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vet gate 1	1st Inspection										
	Re-Inspection										
	Recovery Insp.										

vet gate 2	1st Inspection										
	Re-Inspection										
	Recovery Insp.										

vet gate 3	1st Inspection										
	Re-Inspection										
	Recovery Insp.										

vet gate 4	1st Inspection										
	Re-Inspection										
	Recovery Insp.										

vet gate 5	1st Inspection										
	Re-Inspection										
	Recovery Insp.										

Final inspection											
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Non classification	Lame	Metabolic	Overtime	Retired	Other reasons	Clinic	Treatment	Signature
vet gate no.								

NOTES



FEDERAÇÃO
EQUESTRE
PORTUGUESA

NUMBER:

RIDER:

HORSE:

