

# VET FORM 1



www.feif.org

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:

## Mouth inspection during fit-to-competite check

**Name:**

**Date and time:**

Mouth: lacerations no / yes: (if 'Yes', specify below)		
Area	Laceration	Category
Left buccal mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Right buccal mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner left (outside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner left (inside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner right (outside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner right (inside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Bars left:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Bars right:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Tongue:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Palatum mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood

Conclusion: [accepted](#) / [not accepted](#)

Signature: \_\_\_\_\_

**Date rechecked:**

change no / yes: new - worse - improvement

Upon request of the judges: **yes / no**

Test: Bit:

Checked by:

Did the rider get a warning for rough riding?

**Date rechecked:**

change no / yes: new - worse – improvement

Upon request of the judges: **yes / no**

Test: Bit:

Checked by:

Did the rider get a warning for rough riding?

**Date rechecked:**

change no / yes: new worse – improvement

Upon request of the judges: **yes / no**

Test: Bit:

Checked by

Did the rider get a warning for rough riding?

## VET FORM 2



www.feif.org

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:

---

### Mouth inspection after the test

**Name:**

**Date and time:**

**Used bit:**

<b>Mouth: lacerations no / yes (if 'Yes', specify below)</b>		
<b>Area</b>	<b>Laceration</b>	<b>Category</b>
Left buccal mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Right buccal mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner left (outside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner left (inside):	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner right (outside)	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Mouth corner right (inside	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Bars left:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Bars right:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Tongue:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood
Palatum mucosa:	none / bruise / fresh / old / scar	1 / 2 / 3 / sensitive / blood

Conclusion: [accepted](#) / [not accepted](#)

Signature: \_\_\_\_\_

Upon request of the judges: **yes** / **no**

Did the rider get a warning for rough riding?

Extra check by Veterinary Surgeon: \_\_\_\_\_

Has to be rechecked by a Veterinary Surgeon: **yes** / **no**  
If yes, when:

## VET FORM 3

Event:

Start number:

Country:

Name horse:

FEIFID:

Name rider:

---



[www.feif.org](http://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](http://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](http://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:

# OVERVIEW VET FORM

Event:

Date:



[www.feif.org](http://www.feif.org)

Test	Nr of competitors	Nr of horses checked	Nr of horses with lacerations
T1			
T2			
T3			
T5			
T6			
T7			
T8			
V1			
V2			
V3			
V4			
V5			
V6			
F1			
F2			
F3			
PP1			
PP2			
P1			
P2			
P3			
FS1			

Comments

Filled in by: