

BOTSWANA ENDURANCE RIDING ASSOCIATION



Declaration of treatment

Horse name: _____
Horse Log book no: _____
Horse FEI REG number: _____
Sex: _____
Color: _____

I hereby declare that the above horse:

HAS or HAS NOT (Please tick the correct box)

Been treated with any oral or injectable drugs for any illness or injury in the last 6 weeks.

Particulars of treatment (if applicable)

Date of Treatment: _____
Responsible Veterinarian/person: _____
Practice Name: _____
Contact No: _____

Diagnosis: _____
Treatment (Including drugs)

Herewith, I _____
the responsible person/owner of this horse and member of
ERASA/NERA/BERA accepts liability for the immediate payment of all
treatments this horse may need (according to the Treatment vet) before,
during or after the ride. (Including post mortems).

Owner

Person responsible
(BERA/ERASA/NERA Member)

DATE: _____