

Horse Details – Horse Fit for Purpose Confirmation Form

Quirindi Public School Horse Sports, 25 May 2018

School Team			
Student/ Rider Name			Student Date of Birth
Horse Details			
Horse Name	Name of Horse Owner	Horse Microchip No.	Horse Date of Birth
Horse History – Please provide a history of the horse ie. Has the horse been a work horse, race horse, equestrian horse – in what capacity? Has the horse had any medical problems in the past? If so, what were they?			
Please answer the questions below to provide advice on the horse’s temperament and fitness for this event. Provide comments			
Questions	Please circle	Comment	
How long have you owned this horse?			
Is the horse a known kicker?	Yes / No		
Is the horse aggressive around other horses or people?	Yes / No		
Is the horse timid or easily frightened?	Yes / No		
If yes, how does the horse respond? Does the horse move away?	Yes / No		
Is the horse regularly used for school horse sports?	Yes / No		
Does the horse move when the rider mounts the horse?	Yes / No		
Does the horse rear or buck?	Yes / No		
Is there a concern with the horse’s attitude/temperament when saddling?	Yes / No		
Is there a concern with the horse’s attitude/temperament loading into or unloading from trailer/horse float?	Yes / No		
Does the horse want to lead or will only follow other horses?	Yes / No		
Do you have any concerns about the horse’s temperament?	Yes / No		
After looking at the activities being offered at the Quirindi Public School Horse Sport Event, do you have any concerns regarding the horse being fit for purpose and participating in the event?	Yes / No		
Is the rider an experienced rider?	Yes / No		
Is the rider competing in the event the usual rider of this horse?	Yes / No		
Does the horse respond to the rider’s instruction?	Yes / No		
How long has the rider been riding this horse?			
Is the horse compatible to the rider’s ability?	Yes / No		
Is the horse trained beyond the rider’s ability?	Yes / No		
Is the horse/rider combination for the event an experienced horse rider combination?	Yes / No		
Is the horse/rider combination for the event an experienced horse rider combination at similar events to the Quirindi Public Horse Sports?	Yes / No		
Does the rider have a Pony Club rider’s certificate? Please attach a copy of rider certificate	Yes / No		
If so, was the rider assessed mounted on this horse?	Yes / No		
Has the horse/rider combination demonstrated the appropriate skill level to participate in this event?	Yes / No		
This horse/rider combination is able to: Please circle applicable	Walk Trot Canter		

Confirmation that all information above is correct and that the horse is fit for purpose for the event	
I have confirm the above information is correct and have noted any concerns either in the comments column above or as follows:	
Concern/s: _____	
Parent/Horse Owner Name: _____	Parent/Horse Owner Signature: _____ / ____ / ____

Horse Fit for Purpose Assessment

Initial Desk Top Assessment

Following an initial desk top assessment of details over the page provided by the parent and/or horse owner and associated information, the horse is considered fit for purpose for the event pending the final assessment on the morning of the event Yes / No (Please circle)

Horse Qualified/Authorised Personnel Person's Name: Kay Devine

Qualification: Preliminary Instructor

Horse Qualified/Authorised Personnel Person's Signature: _____

Date:

Horse Fit for Purpose Assessment by Horse Qualified/Authorised Personnel on the Morning of the Event through Practical Assessment – "Work Out"

I have witnessed each rider and horse combination with the horse: Please tick below and provide any comments

- Walking;
- Trotting; and,
- Cantering

	Please Tick if Appropriate	Comment
I have not identified any concerns with the horse's temperament	<input type="checkbox"/>	
I have witnessed the horse responding to the rider's instruction	<input type="checkbox"/>	
The horse appears to be compatible to the rider's ability	<input type="checkbox"/>	
The horse/rider combination has demonstrated the appropriate skill level to participate in this event	<input type="checkbox"/>	

Issues Identified – Provide a comment if issue/s identified and referred to Senior Steward

Confirmation that the horse is / is not fit for purpose and approved / not approved to participate in the event activity/activities

I confirm that:

- Discussions have occurred with the horse owner/parent (refer to doc: 1b);
- I have read and considered all of the information on this sheet and associated documents provided;
- I have assessed the horse **as / as not** Fit for Purpose, in line with the Horse Fit for Purpose Procedure;
- The horse is **approved / not approved** to participate in the event activities; and,
- In the situation where the horse has been assessed as not fit for purpose, I have advised the Chief Steward.

Horse Qualified/Authorised Personnel Person's Name: Kay Devine

Horse Qualified/Authorised Personnel Person's Signature: _____

Date: 25 May 2018 Time: _____

On advice of practical assessment for horse fit for purpose, the rider and horse is approved to participate in the Horse Sports event activities

Principal's Name: **Kath Parker** Signature: _____

Date: 25 May 2018 Time: As above