

# AHS Field Regulation

Event

Form Version 2016-10-20

holdingname

Official Name

Address

Location

+EAST

-SOUTH

Owner

Telephone

Email

Cell Phone

Private

Vet

## Transport Details (if applicable)

Vehicle Registration

Transporter  
company

Destination

Date of inspection

Notes for officials:

1. The checks are for the day in question, not for future compliance.
2. TICK = checked and compliant
3. CROSS = checked and not compliant - put details in comment section
4. NA = Not applicable to be checked
5. Try not to leave boxes blank since this is difficult to interpret

Horse name	Microchip #	Passport #	Breed	Sex M=Mare S=Stallion G=Gelding	Colour	Date of Birth	AHS 1 Date	batch	private vet	AHS 2 Date	batch	private vet	Permit Vaccs	Health Cert	CHECKS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please indicate any issues with specific horses

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