

NOTIFICATION OF EQUINE FATALITY FORM



This Form is to be submitted to Racing Queensland if an equine fatality occurs at a Licensed Club's Venue at a time other than during a race meeting or official trials. Please complete and submit this form to: vsaw@racingqueensland.com.au. For further information, please refer to the *Guideline - Equine Fatality and Removal and Disposal of a Deceased Horse*.

INCIDENT DETAILS:

Name of Club:

Date and Time of Incident (or of when Deceased Horse was found):

Name of Deceased Horse:

Name of the Trainer of the Deceased Horse:

Name of Veterinarian who attended the Deceased Horse (if relevant):

Location of Incident within Licensed Venue:

Description of the Incident:

Was the Incident witnessed?

- Yes If yes, by whom? _____
- No

Description of Event when the Incident occurred:

- Jump-out/Trackwork
- Other

Were any people injured or involved in a "near miss" in connection with the Incident?

- Yes (Please download the relevant Incident Report Form from the RQ Club Portal and submit it to owhs@racingqueensland.com.au)
- No



NOTIFICATION OF EQUINE FATALITY FORM



Have QRIC Stewards been informed of the Incident?

- Yes If yes, when and by whom? _____
- No

Did QRIC Stewards direct that samples be taken from the Deceased Horse and/or the Deceased Horse be sent for postmortem examination?

- Yes (samples only)
- Yes (samples and postmortem)
- Yes (postmortem only)
- No
- Unknown

ARRANGEMENTS FOR REMOVAL AND DISPOSAL OF DECEASED HORSE:

Who Removed the Deceased Horse?

When was the Deceased Horse removed?

How was the Deceased Horse disposed of?

Costs Incurred:

Who has/will meet the costs incurred? (See section 4.6 of the Guideline)

- Club
- Trainer/Owner
- QRIC *(only applicable where the Deceased Horse is sent for postmortem examination at the direction of QRIC Stewards)*

CLUB OFFICER SIGN-OFF:

Signature: _____

Name: _____

Position: _____

Date: _____

