



# AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

5 PRICE LANE  
AGNES BANKS NSW 2753

Website: [www.abec.net.au](http://www.abec.net.au)  
Email: [clinic@abec.net.au](mailto:clinic@abec.net.au)

TELEPHONE: (02) 4588 5200  
FACSIMILE: (02) 4578 1458

24 HOUR EMERGENCY SERVICE  
Servicing the Hawkesbury / Nepean District

## **POLICY FOR OFFICIATING AT HORSE EVENTS**

### **Introduction:**

Various horse sports organizations request the services of one or more veterinarians to officiate at horse events. Issues for the veterinarian include:

- Emergency / First aid
- Swabbing / Integrity.
- Welfare.
- Contagious disease control.

### **Booking and Fees:**

Services are offered for horse events in the Greater Sydney area, and elsewhere by arrangement. Service is subject to availability of suitable ABEC Veterinary personnel. At least 6 weeks prior booking is required. Services are charged at an hourly rate, including travel time. No further professional fee is charged to any competitor, for emergency care, although an account for drugs and materials will be privately rendered.

### **Sponsorship:**

At the discretion of Agnes Banks Equine Clinic management, financial sponsorship of the event may be offered. Sponsorship packages would normally include;

1. Display of Agnes Banks Equine Clinic banner and / or Agnes Banks Equine Clinic Showjumping wings.
2. Minimum ¼ page. Agnes Banks Equine Clinic information segment in program.
3. Recognition on one occasion on P.A. or Presentation.
4. Official's meals and refreshments packages.
5. 2 (Two) entry passes to event where possible.

### **Drug Testing:**

Agnes Banks Equine Clinic will co-operate and liaise with drug testing laboratories, and arrange for collection and dispatch of sample. Cost will be passed onto event organisers. Agnes Banks Equine Clinic will not endorse or select drug testing laboratories. It is the event organizers responsibility to make sure that appropriate swabbing kits have been provided by their selected laboratory. At least 6 weeks prior booking is required, to organize swabbing kits.

### **Special Accreditations:**

Certain events require special accreditation of veterinarians; these include FEI veterinarian, FEI swabbing stewards and AERA head veterinarian. This should be advised at time of booking.

### **Responsibilities:**

Agnes Banks Equine Clinic will supply;

1. Suitability qualified veterinarians.
2. First aid and emergency medical supplies – Drugs, Bandages etc.
3. A suitable vehicle.
4. A mobile phone.
5. Agnes Banks Equine Clinic has a suitable professional and public liability insurance policy.

The event organiser should provide;

1. Running sheets, timetables competitor list and course maps as appropriate.
2. 2 way radios as appropriate.
3. Emergency horse transport vehicle. Minimum 2 horse float with towing vehicle and driver.
4. Emergency screens.

### **Emergency Veterinary Care**

Agnes Banks Equine Clinic will provide at call veterinary care for the duration of the event. Where the veterinarian is not in attendance the client will be billed at normal ABEC rates for professional time, travel and materials. It is preferable that the horses be transported to Agnes Banks Equine Clinic where permitted.



# AGNES BANKS EQUINE CLINIC

ABN: 56 145 333 446

## VETERINARY OFFICIAL - BOOKING FORM

A veterinary service is requested for the following event.

**Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Day's and Date (s):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Postal / Billing Address:** \_\_\_\_\_

**Organising Committee:** \_\_\_\_\_

<u>Number of officials required:</u>	<u>Time From</u>	<u>Time To</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Swabbing Arrangements:** To be arranged by (*Please tick appropriate box*)

Organising committee

Agnes Banks Equine Clinic

**Total Number of kits required:** \_\_\_\_\_  Blood \_\_\_\_\_  Combination \_\_\_\_\_

**Lab:** \_\_\_\_\_

**Special Considerations / Accreditations:** \_\_\_\_\_

Signed: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

*This request should not be considered a firm booking until a written acknowledgment is received.*

(OFFICE USE ONLY)

*Agnes Banks Equine Clinic agrees to provide officials as required above.*

The nominated veterinarian (s): \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ (per hour normal working hours) fee: \$ \_\_\_\_\_ (per hour outside normal working hours)

Name: \_\_\_\_\_ Signed \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of Agnes Banks Equine Clinic

Advised contact person in writing on: \_\_\_\_\_