**STATEMENT OF FITNESS TO RETURN TO WORK**

***To be completed by the proprietor/manager***

The horse/s listed below were withdrawn from:

|  |  |
| --- | --- |
| **Riding establishment name:** |  |

On:

|  |  |
| --- | --- |
| **Date:** |  |

Following the annual veterinary inspection of the premises by:

|  |  |
| --- | --- |
| **Riding establishment inspector name:** |  |
| **RCVS Registration no:** |  |

I have, at my own expense, obtained this veterinary certificate to confirm that the horse/s listed below are fit to return to work.

Horse/s withdrawn but now fit to return to work:

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of birth:** |  | **Sex:** | M | F |

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of birth:** |  | **Sex:** | M | F |

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of birth:** |  | **Sex:** | M | F |

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of birth:** |  | **Sex:** | M | F |

|  |  |
| --- | --- |
| **Name:** |  |
| **Year of birth:** |  | **Sex:** | M | F |

Signed: …………………………………………………………………………………………………………….

*(proprietor/manager)*

Date: ……………………………………………………………………………………………………………..

*Page 2 overleaf to be completed by the veterinary surgeon*

***To be completed by the veterinary surgeon\****

I have examined the horse/s listed above and confirm that they are now fit to return to work.

Please provide a summary of any investigations, medical or surgical treatment performed, any ongoing treatment/medication and state any recommendations for restrictions in use or further veterinary assessment. Please use a separate sheet if more room is necessary.

|  |  |
| --- | --- |
| **Name:** |  |
| **Details:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Details:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Details:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Details:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Details:** |  |

Signed ……………………………………………………………………………………………………………..

*(veterinary surgeon)*

RCVS Registration no:…………………………………………………………………………………………..

Dated ………………………………………………………………………………………………………………

*\*The veterinary surgeon completing this statement should not be the veterinary surgeon who performed the annual inspection and withdrew the horse/s.*

**NOTE TO THE PROPRIETOR/MANAGER**

SEND A COPY OF THIS COMPLETED FORM TO YOUR LOCAL AUTHORITY