

STEWARD'S REPORT AND EVALUATION
AMERICAN QUARTER HORSE ASSOCIATION

RETURN WITHIN 14 DAYS TO:

AQHA, P.O. Box 200, Amarillo, TX 79168

Phone (806) 376-4811

Fax (806) 349-6412

www.aqha.com

NAME OF COMPETITION		STEWARD'S NAME
DATES	LOCATION	SHOW NUMBER
NAME OF MANAGER		AQHA MEMBERSHIP # (Must be active member)
NAME OF SECRETARY		AQHA MEMBERSHIP # (Must be active member)

**PLEASE DARKEN THE APPROPRIATE CIRCLE FULLY AND FILL IN THE APPLICABLE BLANKS.
IF A QUESTION NEEDS FURTHER EXPLANATION, PLEASE ATTACH DOCUMENTATION.**

PART I – COMPLIANCE WITH RULES (Current AQHA Rule Book and Supplements)

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Were there any warnings given for animal cruelty or abuse? | <input type="radio"/> | <input type="radio"/> |
| ○ Explanation: _____ | | |
| 2. Were any complaints filed on show management or judges? | <input type="radio"/> | <input type="radio"/> |
| Were complaints documented and signed? | <input type="radio"/> | <input type="radio"/> |
| ○ Explanation: _____ | | |
| 3. Were there any warnings given or instances of unsportsmanlike conduct? | <input type="radio"/> | <input type="radio"/> |
| ○ Explanation: _____ | | |
| 4. Did any competitor use any inhumane equipment or devices while schooling or competing? | <input type="radio"/> | <input type="radio"/> |
| Were any warnings given? | <input type="radio"/> | <input type="radio"/> |
| ○ Explanation: _____ | | |

PART II – SHOW

- | | YES | NO | N/A |
|--|-----------------------|-----------------------|-----------------------|
| 5. Were any divisions that were not approved by the AQHA held on approved dates? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ○ If so, please indicate name(s) of class(es) or division(s): _____ | | | |
| 6. Did you see any evidence of class filling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART III – COMPETITION SERVICES

- | | YES | NO |
|---|-----------------------|-----------------------|
| 7. Did weather conditions adversely affect the competition? | <input type="radio"/> | <input type="radio"/> |
| ○ Explanation: _____ | | |
| 8. Were copies of the current AQHA rules (via hardcopy or digitally) available for reference during the competition? | <input type="radio"/> | <input type="radio"/> |
| 9. Was there adequate parking for: Officials <u>yes</u> <u>no</u> Spectators <u>yes</u> <u>no</u> Exhibitors <u>yes</u> <u>no</u> | | |
| 10. Was there sufficient lighting in warm-up areas if scheduling required riding before sunrise or after sunset? | <input type="radio"/> | <input type="radio"/> |
| 11. Was there sufficient lighting in competition areas if scheduling required riding before sunrise or after sunset? | <input type="radio"/> | <input type="radio"/> |
| 12. Was a telephone available to competitors if overnight stabling was offered? | <input type="radio"/> | <input type="radio"/> |
| 13. Were after hour emergency telephone numbers available to competitors if overnight stabling was offered? | <input type="radio"/> | <input type="radio"/> |

- YES** **NO**
14. Were emergency phone numbers and directions to the competition posted in the office?
15. Was a qualified veterinarian present or on call?
16. Was a farrier present or on call?
17. Competition Services Rating: Rate 1-7 to indicate: 1 = excellent and 7 = unacceptable

	Excellent					Unacceptable		
	1	2	3	4	5	6	7	N/A
Management Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competition Office Personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spectator Services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and Toilet Facilities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Service Quality.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Service Hours of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Footing in Warm Up/Exercise Areas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Personnel & Equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART IV – SHOW GROUNDS

QUALITY OF SCHOOLING/EXERCISE AREAS: Please Rank

Excellent						Unacceptable	
1	2	3	4	5	6	7	

- YES** **NO**
18. Were there any problems (footing, safety, size, equipment, etc.) in any schooling exercise area?
- If yes, please designate the area(s) and nature of the problem: _____
- _____
- _____

19. Was management made aware of the problem?
- Was the problem attended to?
- Additional Comments: _____
- _____
- _____

QUALITY OF COMPETITION ARENAS: Please Rank

Excellent						Unacceptable	
1	2	3	4	5	6	7	

What was the maximum number of competition rings used at any one time? _____

- YES** **NO**
20. Were there any problems (footing, safety, size, equipment, etc.) in any competition rings?
- If yes, please designate the area(s) and nature of the problem: _____
- _____
- _____

- Was management made aware of the problem?
- Was the problem attended to?
- Additional Comments: _____
- _____

- YES** **NO**
21. Were electric timers available?

27. Did any human accidents/injuries/fatalities occur during this competition? **YES** **NO**
 If yes, please indicate the number below and complete an accident/injury report form for each accident or injury.

	0	1	2	3	4	5	Other	
Number of human injuries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Number of human fatalities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

28. Did any equine accidents/injuries/fatalities occur during this competition? **YES** **NO**

	0	1	2	3	4	5	Other	
Number of equine injuries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Number of equine fatalities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

29. Did any bovine accidents/injuries/fatalities occur during this competition? **YES** **NO**

	0	1	2	3	4	5	Other	
Number of bovine injuries.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Number of bovine fatalities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

30. Was information on the closest veterinary emergency and surgical facility posted before the first day of competition? **YES** **NO**

PART VI – CATTLE CLASSES (COMPLETE THIS SECTION ONLY IF APPLICABLE) YES N/A

Please Rank the Condition of the Cattle (IF CATTLE CLASSES WERE OFFERED):

Excellent						Unacceptable		
1	2	3	4	5	6	7		

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| | | YES | NO |
| 31. Were cattle classes offered? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. If yes, was there adequate feed and water? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Were the cattle handled humanely? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. If Heading and Heeling were offered, were the horns wrapped? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART VII – HUNTER/JUMPER (COMPLETE THIS SECTION ONLY IF APPLICABLE)

Please Rank the Quality of the Courses:

Excellent						Unacceptable		
1	2	3	4	5	6	7		

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| | | YES | NO |
| 35. Were courses posted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. Were riders wearing required helmets in compliance with the rules? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. Were warm-up jumps set in compliance with the rules? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Were approved safety cups used in compliance with the rules? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Were the heights and distances of jumps measured? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART VIII – PLEASURE DRIVING

- | | | |
|---|-----------------------|-----------------------|
| | YES | NO |
| 40. Was the size of warm-up area sufficient to ensure safety? | <input type="radio"/> | <input type="radio"/> |
| 41. Was the fence in the warm-up area safe (solid walls)? | <input type="radio"/> | <input type="radio"/> |

42. Were the handlers present in case of an agitated horse?

PART IX – ADDITIONAL COMMENTS

43. Use this area only for additional comments.

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44. Were there any outstanding features of this competition? Please comment:

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HAVE YOU INCLUDED ANY OR ALL OF THE FOLLOWING?

ENCLOSURES:

- * STEWARD'S REPORT
- * BARN/STABLING MONITORING REPORT

I certify that I have completed this report to the best of my knowledge. (In the event of multiple signatures below, steward mailing/faxing report please sign first.)

STEWARD'S NAME (please print) _____ **AQHA ID #** _____

PHONE # (cell) () _____ **EMAIL** _____

SIGNATURE _____ **DATE** _____

Please contact me/us regarding this competition.