

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 _____

DATES _____

LOCATION _____

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?
 Explanation: _____
2. Were any complaints filed on show management or judges?
 Were complaints documented and signed?
 Explanation: _____
3. Were there any warnings given or instances of unsportsmanlike conduct?
 Explanation: _____
4. Did any competitor use any inhumane equipment or devices while schooling or competing?
 Were any warnings given?
 Explanation: _____

PART II – SHOW

YES NO N/A

5. Were any divisions that were not approved by the AQHA held on approved dates?
 If so, please indicate name(s) of class(es) or division(s): _____
6. Did you see any evidence of class filling?

PART III – RULES COMPLIANCE OF STANDARDS FOR COMPETITIONS

RULES COMPLIANCE:

YES NO

7. Did weather conditions adversely affect the competition?
 Explanation: _____
8. Were copies of the current AQHA rules (via hardcopy or digitally) available for reference during the competition?
9. Was there adequate parking for: Officials yes no Spectators yes no Exhibitors yes no
10. Was there sufficient lighting in warm-up areas if scheduling required riding before sunrise or after sunset?

YES NO
11. Was there sufficient lighting in competition areas if scheduling required riding before sunrise or after sunset?
12. Was a telephone available to competitors if overnight stabling was offered?
13. Were after hour emergency telephone numbers available to competitors if overnight stabling was offered?

- 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"/>

SCHOOLING/EXERCISE AREAS:

YES NO

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: _____

Was management made aware of the problem?

Was the problem attended to?

Additional Comments: _____

COMPETITION RINGS

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

YES NO

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

18. Were electric timers available?

19. Time Schedules:

COMPETITION DATE	STARTING TIME	ENDING TIME
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm
_____ / _____ / _____	_____ am/pm	_____ am/pm

PART IV – SAFETY AND WELFARE

YES NO N/A

19. If overnight stabling was offered, was adequate lighting provided?
20. Did any inhumane treatment occur in the barn area?
- Explanation: _____
21. Was stabling in good condition and safe for horses?
- Explanation: _____

PRESENT ON CALL NONE

22. Was an ambulance on the competitions ground?
23. Was an animal ambulance/sled on show grounds?

YES NO

24. Was an accident preparedness plan in place and communicated to competition staff and officials prior to the start of the competition? ...
25. Was equipment available and consistently used to maintain the footing in competition and warm-up arenas throughout the competition by dragging, watering, and if necessary, raking?..... ...
26. Were qualified medical personnel provided with no other duties?
- Check One: EMT Paramedic Physician trained in pre-hospital trauma care
- Nurse trained in pre-hospital trauma care Other, explain: _____
27. Was appropriate medical equipment present?
28. Did any accidents/injuries/fatalities occur during this competition?

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"/> _____
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"/> _____
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"/> _____

29. Was information on the closest veterinary emergency and surgical facility posted before the first day of competition?

