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	○	○	○	○	○	○	○	○
Competition Office Personnel	○	○	○	○	○	○	○	○
Communications	○	○	○	○	○	○	○	○
Spectator Services	○	○	○	○	○	○	○	○
Water and Toilet Facilities	○	○	○	○	○	○	○	○
Food Service Quality	○	○	○	○	○	○	○	○
Food Service Hours of Service	○	○	○	○	○	○	○	○
Footing in Warm Up/Exercise Areas	○	○	○	○	○	○	○	○
Medical Personnel & Equipment	○	○	○	○	○	○	○	○

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

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	○	○	○	○	○	○	○ _____
Number of human fatalities	○	○	○	○	○	○	○ _____
Number of equine injuries	○	○	○	○	○	○	○ _____
Number of equine fatalities	○	○	○	○	○	○	○ _____
Number of bovine injuries	○	○	○	○	○	○	○ _____
Number of bovine fatalities	○	○	○	○	○	○	○ _____

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

NAME OF COMPETITION _____ COMPETITION # _____

PART V – CATTLE CLASSES (COMPLETE THIS SECTION ONLY IF APPLICABLE) ..... **YES** ..... **NO** ..... **N/A**

30. Were cattle classes offered? ..... ○ ..... ○ ..... ○
    If yes, was there adequate feed and water? ..... ○ ..... ○ ..... ○
    Were the cattle handled humanely? ..... ○ ..... ○ ..... ○
    If Heading and Heeling were offered, were the horns wrapped? ..... ○ ..... ○ ..... ○

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

31. Were courses posted? ..... ○ ..... ○ ..... ○
32. Were riders wearing required helmets in compliance with the rules? ..... ○ ..... ○ ..... ○
33. Were warm-up jumps set in compliance with the rules? ..... ○ ..... ○ ..... ○
34. Were approved safety cups used in compliance with the rules? ..... ○ ..... ○ ..... ○
35. Were the heights and distances of jumps measured? ..... ○ ..... ○ ..... ○

PART VIII – PLEASURE DRIVING **YES** **NO**

36. Was the size of warm-up area sufficient to ensure safety? ..... ○ ..... ○
37. Was the fence in the warm-up area safe (solid walls)? ..... ○ ..... ○
38. Were the handlers present in case of an agitated horse? ..... ○ ..... ○

PART VIII – ADDITIONAL COMMENTS

39. Use this area only for additional comments.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____

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.