**NEW HORSES**

**The Riding Establishments Acts and Animal Welfare (Licencing of Activities involving Animals) (England) Regulations 2018 are silent as to the introduction of new horses between annual inspections. The RCVS Riding Establishments Sub-Committee considers, however, that in the interests of the welfare of these horses and with regards to the safety of the riders who may ride them, it is within the spirit of the Acts/Regulations for new horses to be seen by the riding establishment’s regular veterinary surgeon who can confirm that the horses are suitable to join the establishment. Some insurance companies may also require such confirmation in order to provide cover. The inspection should be undertaken at the proprietor’s/manager’s expense.**

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

I am the proprietor/manager of:

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

The most recent annual inspection was performed on:

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

By:

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

Following that inspection, the horse(s) listed below have been acquired and introduced to the establishment for the purpose of the activities indicated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Activity:** |  | | | | | |
| **Passport No.** |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Activity:** |  | | | | | |
| **Passport No.** |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Activity:** |  | | | | | |
| **Passport No.** |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Activity:** |  | | | | | |
| **Passport No.** |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Sex:** | M | F | **Year of birth:** |  |
| **Activity:** |  | | | | | |
| **Passport No.** |  | | | | | |

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

*(proprietor/manager)*

Date ……………………………………………………………………………………………………………..

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

I have inspected the horse(s) listed above and confirm that they are suitable to join the above named riding establishment for the activities indicated. In making this decision I have had regard to such matters as soundness, and the condition of the horses' eyes and heart.

Signed ……………………………………………………………………………………………………………

*(veterinary surgeon)*

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

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

**NOTE TO THE PROPRIETOR/MANAGER**

SEND A COPY OF THIS COMPLETED FORM TO YOUR LOCAL AUTHORITY