

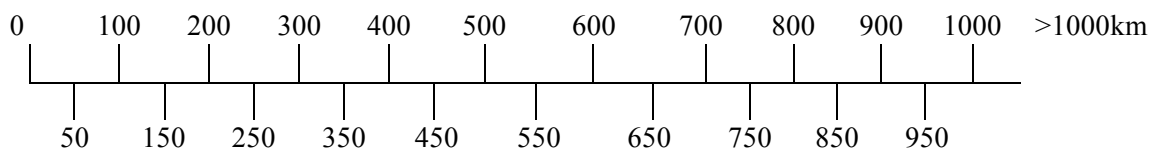
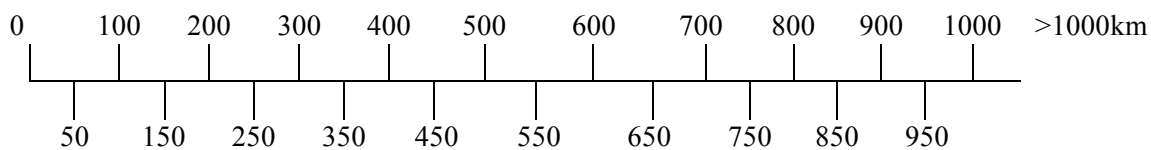
Event/location \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

**A) Float Driver Survey**Gender M ☐ F ☐ Age last birthday \_\_\_\_\_ y1. Were your horses towed or trucked to this event? Y ☐ N ☐

2. How often do you transport horses in a float for events and other activities?

☐ Daily ☐ Monthly (how often per month?) \_\_\_\_\_☐ Weekly (how often per week?) \_\_\_\_\_ ☐ Annually (how often per year?) \_\_\_\_\_

Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the distance you travelled to transport horses to this event or activity?4. What is the average km travelled when you transport horses for events and other activities?

5. What is the postcode of the place that the horses are kept? \_\_\_\_\_

6. What is your level of training/licensure and experience as a driver (tick all that apply)?

☐ Basic car licence ☐ Heavy vehicle license (medium rigid)☐ Specific towing vehicle training ☐ Years driving \_\_\_\_\_ towing \_\_\_\_\_

7. How many passengers do you typically carry when towing horses?

0	1	2	3	4	5	6	7	8	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. Are your passengers usually? (tick all that apply)

Other riders	Your coach	Your partner	Children	Friends	Dogs	Other pets	Relatives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. On a scale of 1-7, how likely are you to answer a phone call whilst towing horses?

Never	1	2	3	4	5	6	7	Always
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. On a scale of 1-7, how likely are you to make a phone call whilst towing horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

11. On a scale of 1-7, how likely are you to listen to music or the radio whilst towing horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

12. On a scale of 1-7, how likely are you to eat or drink whilst towing horses?

	1	2	3	4	5	6	7	
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Always

13. How often do you typically take a rest break when towing horses?

Hourly	2 h	3 h	4 h	5 h	6 h	7 h	8 h	>8 h	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How much sleep have you had in the 24 hours prior to answering this survey?

None	1 h	2 h	3 h	4 h	5 h	6 h	7 h	8 h	>8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How much sleep have you had in the 48 hours prior to answering this survey?

None	1 h	2 h	3 h	4 h	5 h	6 h	7 h	8 h	9 h	10h	11h	12h	13h	14h	15h	16h	>16h
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to assist us in preparing education materials on safe horse transportation, we would like to ensure that is prepared for the appropriate target audience. Some additional information about you would assist us.

16. What is your approximate income bracket?

<\$25,000	\$25,001 - \$40,000	\$40,001 - \$60,000	\$60,001 - \$80,000	\$80,001 - \$120,000	>\$120,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What is the highest level of education you have completed?

Year 10 or 11 high school	Year 12 high school	VET	TAFE	College	University degree	Graduate degree	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What is your most common source of information about horse health and care?

Friends	Coach or instructors	Magazines	Television	Email newsgroups	Internet websites	Facebook Twitter other social media	Veterinarian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B) Horse travelling practice****1. How often do you perform a safety check on your float prior to travel?**

0 Never      <25 %      25 – 50 %      51- 80 %      81 – 99%      100 %

☐      ☐      ☐      ☐      ☐      ☐

**2. Which of the following is typically included in your routine safety check (all that apply)**

☐ None    ☐ Brakes      ☐ Lights      ☐ Tyre Pressure

☐ Wheel bearings    ☐ Hydraulic fluid levels    ☐ Visual Integrity of the interior

☐ Other (list) \_\_\_\_\_

**3. What equine protective equipment do you typically use during transport (tick all that apply)**

☐ None    ☐ Poll protection    ☐ Rugs    ☐ Leg protection    ☐ Tail wrap or bag    ☐ Other \_\_\_\_\_

**4. How often do you rest (unload) your horse(s) during trips?**

Hourly    2 h    3 h    4 h    5 h    6 h    7 h    8 h    >8h

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

**5. Are the horses' heads tied whilst travelling? Yes ☐ No ☐****6. Do you provide feed to the horses when travelling?**

No ☐      Hay only ☐      Concentrates only ☐      Both hay and concentrates ☐

**7. What is the number of horses that fit in your usual horse truck?**

1      2      3      4      5      6      7      8      9      10      Other

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

**8. What is the number of horses you generally tow?**

1      2      3      4      5      6      7      8      9      10      Other

☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐    ☐

**9. Height (of largest horse transported)(please tick appropriate category)**

☐ <14hh      ☐ 14.1– 15.3hh      ☐ 16hh -17hh      ☐ >17hh

**10. What is the estimated combined weight of horses usually towed?**

☐ <500kg    ☐ 500-1000kg    ☐ 1000 – 1500kg    ☐ 1500-2500kg    ☐ 2500-3500kg    ☐ >3500kg

**11. Which breed(s) (up to 2) do you most commonly transport?**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**12. What age are the horses that you regularly tow? (tick all that apply)**

☐ <2years    ☐ 2-5years    ☐ 5-10 years    ☐ 11-15 years    ☐ >15years

## C) Float details: (Driver or surveyor to complete)

### 1. What is the brand and year of manufacture of your float?

Brand \_\_\_\_\_ Year of manufacture \_\_\_\_\_

### 2. What is the float type?

Straight load ☐ Angle load ☐ Gooseneck ☐ Other (specify) ☐ \_\_\_\_\_

### 3. What is the maximum number of horses that the float is capable of carrying?

1	2	3	4	5	6	7	8	9	10	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. What type of braking system is fitted to the float?

☐ Hydraulic ☐ Electric ☐ Both ☐ None ☐ Other \_\_\_\_\_

### 5. What type of suspension is fitted?

☐ Leaf spring ☐ Gas struts ☐ Coil spring ☐ Rocker/roller ☐ Other \_\_\_\_\_

### 6. How many axles are present? ☐ 1 ☐ 2 ☐ 3

### 7. What is the trailer hitch tow weight rating?

☐ <1500kg ☐ 1500-3000kg ☐ 3000-6000kg ☐ >6000kg ☐ Unknown

### 8. Tailgate configuration? ☐ Single (half) gate ☐ Split gate ☐ Fully enclosed

### 9. Is a chest bar present

☐ No ☐ Yes: ☐ Fixed ☐ Movable ☐ Quick release

### 10. Breeching closure. ☐ Chains ☐ Small bars ☐ Half length doors ☐ Full length doors

### 11. Are bay dividers installed? ☐ No ☐ Partial ☐ Full length (solid) ☐ Full length (rubber)

### 12. Are living spaces/ tack box/rug racks present? (tick all that apply)

☐ None ☐ Moveable Tack Box ☐ Rug Rack ☐ Living space ☐ Front storage space

### 13. Ventilation ☐ None ☐ Passive (ie pop-up vents/ windows etc) ☐ Active (ie powered fan)

**D) Towing Vehicle Details**

1. What vehicle did you tow with today or what is your primary towing vehicle for horse transport if you did not transport horses today?

Make _____	Model _____	Year manufactured _____
Cylinders 4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>
Engine size _____ L	Manual <input type="checkbox"/>	Automatic <input type="checkbox"/>

2. Did you perform a safety check of your vehicle prior to this trip?

☐ Yes      ☐ No      ☐ N/A (if did not tow today)

3. Where is the hitching point for towing your trailer on this vehicle?

☐ Rear      ☐ Mid back axle (ie gooseneck)      ☐ N/A (truck)

4. Does your towing vehicle have torsion bars?

☐ Yes      ☐ No

5. Towbar rating (if known)

\_\_\_\_\_

6. Do you perform routine checks of the vehicle prior to travel with horses?

0 Never	<25 %	25 – 50 %	51- 80 %	81 – 99%	100 %
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which of the following is included in your routine check (all that apply)

☐ None    ☐ Brakes      ☐ Tyre Pressure      ☐ Visual Integrity of the interior

☐ Lights    ☐ Wheel bearings    ☐ Hydraulic fluid levels    ☐ Other (list) \_\_\_\_\_

8. When was the vehicle last maintained/serviced by a licensed mechanic?

☐ <3 months    ☐ 3-6months    ☐ 6 -12 months    ☐ >12months    ☐ Never