



INJURY/DEATH REPORT

To be attached to the Judge/Technical Delegate Report as required. Please use a separate form for each instance to report.

INJURED:  RIDER  HORSE  BOTH RIDER AND HORSE

Rider's Name: \_\_\_\_\_ WECan Membership # \_\_\_\_\_

Rider's Phone # \_\_\_\_\_ Rider's E-mail: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ WECan Recording # \_\_\_\_\_

Horse Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Horse Owner's Email: \_\_\_\_\_

**RIDER** was (check all that apply)  Treated By EMT  Treated on site by others

Transported to Medical Center  Rider declined treatment  Wearing a helmet

Died as a result of Injuries

**HORSE** was (check all that apply)  Treated by Show Vet  Treated by other Vet

Transported to Vet Hospital  Rider/Owner declined treatment  Euthanized

DESCRIBE INCIDENT/CIRCUMSTANCES: use more pages as needed

Competition Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

(Witness, Show Management, Official)