



# Incident Report

## Basic Information

Owner Name :	Rider Name :
Contact Email :	Contact Phone Number :
Permanent Mailing Address :	Temporary Mailing Address :
Horse Name :	Back Number :
Horse Name in Barn : (If different than show name)	Name of your Provider : (Veterinarian, Doctor, or Hospital name)
Show Name (and Show Week) :	

## Incident Information

1. Name of Incident Filer :	
_____ Relation to reported Horse/Rider (example, Barn Manager) :	
_____ Has the owner purchased commercial insurance for the affected horse/rider? <input type="checkbox"/> Y <input type="checkbox"/> N	
2. Date and time of Incident (MM/DD/YYYY), (HH/MM) :	
Date: _____	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
3. Was the animal euthanized? <input type="checkbox"/> Y <input type="checkbox"/> N	
4. Describe the Nature of the Incident :	
_____ _____ _____	
5. Did the rider or horse get hurt during or immediately after a show/class? <input type="checkbox"/> Y <input type="checkbox"/> N	
_____ Was the rider or horse registered for a class the week of the incident? <input type="checkbox"/> Y <input type="checkbox"/> N	
_____ If "yes," please provide the specific class number and date regarding which show/class:	
Class number: _____	Date: _____

## Incident Information (continued)

6. Where is the horse being stabled?

Offsite

On Showgrounds

In FEI Stabling

If "offsite," please provide stabling location and address:

Stabling location: \_\_\_\_\_

Address: \_\_\_\_\_

(If being stabled offsite) Has the horse permanently left the temporary address due to the injury?

Is there any intent to return to the temporary stabling address?

BY TYPING YOUR NAME IN THE FORMAT INDICATED BELOW IN THE SIGNATURE BLOCK (YOUR NAME WITH THE /S/ BEFORE IT), YOU CONFIRM YOUR INTENT TO SIGN ELECTRONICALLY. YOU AGREE THAT YOU ARE AGREEING TO THE TERMS OF THIS DOCUMENT AND AFFIXING AN ELECTRONIC SIGNATURE. SUCH ELECTRONIC SIGNATURE WILL HAVE THE SAME VALIDITY, ENFORCEABILITY AND ADMISSIBILITY AS A WET INK SIGNATURE.

YOU HAVE THE ABILITY TO OPT OUT OF AN ELECTRONIC SIGNATURE. YOU MAY DOWNLOAD, COMPLETE, SIGN AND RETURN THIS FORM TO US VIA FAX AT 561-493-3313. PLEASE BE ADVISED THAT REQUIRING THE TRANSACTION TO BE PERFORMED VIA HARD COPY COULD DELAY MATTERS. WE HAVE THE ABILITY TO PROMPTLY PROVIDE A COPY OF THE ELECTRONICALLY SIGNED DOCUMENT.

By :

Date :