Equine Incident Report Form

Date of Report:	
Time of Report:	
Staff Completing Report (Printed Name):	
Signature:	
Role/Position:	

1. Date and Time of Incident:

2. Location (barn, arena, paddock, trail, etc.):

3. Individuals Involved (name, role, contact info):

4. Horse(s) Involved (registered name, barn name, identifying features):

5. Type of Incident (check all that apply): ■ Human injury ■ Horse injury ■ Property damage ■ Rule violation ■ Near miss

6. Description of Incident (objective, chronological):

7. Immediate Actions Taken:

8. Witnesses (name and contact info):

9. Follow-Up Actions / Notifications: ■ Owner notified ■ Vet called ■ Farrier called ■ Emergency services ■ Other: _____

10. Additional Notes (weather, footing, tack, etc.):

Staff Statement of Accuracy: I declare that the information provided in this report is true and complete to the best of my knowledge.

Staff Signature & Date:	
Manager Review (Signature & Date):	