

PONY INJURIES - INCIDENT REPORT

Please note this report should be completed for all incidents where a horse requires medical attendance or other horse welfare reporting

EVENT:

EVEINI.			
Name of Club			
Ground			
Match Name & Handicap Level			
Teams (Players)	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
Umpires			
Date & Time of Incident			
Ground Condition			
Temperature			
Humidity			
Extreme Weather – actions			_
taken (e.g. shortened chukkas			
etc.)			

Please insert the relevant code below:

	Code:		Code:
Sudden Death	SD	Facial Injury	FI
Fracture Fatality	FF	Soft Tissue	ST
Fracture	l F	Other	0

HORSE:

Name of Owner or Player	
Injury/Incident Code (see above table)	
Injury Description and Comments	
Age	
Horse Condition and Body	
Score	
Horse Fitness Level (early/mid/end season fitness)	
Shoeing type -	
Description -	
When shod last -	



Any previous injuries or illness		
Distance/Time travelled to		
Venue		
Arrival time at ground		
Match Time		
Brief Description of how the		
incident occurred		
Contributing Factors:	None apparent	
	Outside Interference	
	Evidence of pre-existing injury	
	Accident	
	Surface condition	
	Weather	
Treatments/Euthanasia		
Euthanasia was performed at		
the event		
Horse removed by equine		
ambulance for assessment		
Horse referred to veterinary clinic		
Cillic		
Treatments		
Name of attending		
veterinarian/Clinic		
Other Comments or		
Information		
Signed:	Name:	Position:
	Date:	