



WATCH LIST REPORT FORM

Reporting Agent: _____ Date: _____

REPORTING AGENT CONTACT INFORMATION

Phone: _____ Email: _____

Rider's Name: _____ Horse: _____

Rider's USEF#: _____ Horse's USEF# _____

Location of Incident: _____

Division: _____ PHASE: Dressage/Cross Country/Stadium (circle one)

Reporting Agent's Statement: _____

RIDER'S CONTACT INFORMATION (TO BE FILLED IN BY USEF)

Name: _____

Phone: _____ Email: _____

Trainer's Name: _____

Phone: _____ Email: _____

OTHER PERTINENT INFORMATION: _____

NOTIFYING AGENT: _____	
Notifying Agent Contact Information	
Phone: _____	Email: _____
Rider's 1st Report: YES or NO	Rider's 2nd Report: YES or NO
List next six anticipated competitions w/this horse: _____	

Form to be returned to: USEF Eventing Department, Jenni Autry, jautry@usef.org

Phone: 859-225-2052 Fax: 859-253-1968