Submit this form with the corresponding online Accident/Illness Report.

EQUINE ACCIDENT/ILLNESS VET REPORT FORM

TYPE OF INJURY

Please check if: ☐ **FATALITY** ☐ **SERIOUS INJURY** ☐ **COLLAPSE** ☐ **OTHER INJURY** ☐ **ILLNESS**

NOTE: A serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.

EQUINE INFORMATION

Horse's Name: _____

Incident Date: _____ Time: _____ ☐ AM ☐ PM Horse Microchip #:_____

SUSPECTED INJURY/INCIDENT

☐ None ☐ Fractures and Bone Stress ☐ Joint (Non-Bone) and Ligament ☐ Muscle and Tendon ☐ Contusions ☐ Neurological ☐ Colic
☐ Disease ☐ Cardio/Pulmonary ☐ Lacerations/Abrasions/Skin Lesions ☐ Medical Condition: _____ ☐ Other: _____

Location of Injury on Horse: _____

Description of Treatment: _____

_____

_____

_____

_____

_____

Was the horse treated on site or were they referred to a clinic for further medical attention? _____

_____

VETERINARIAN INFORMATION

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Additional Comments: _____

_____

_____

_____

_____

_____

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FOR COLLAPSE, FATALITY, OR SERIOUS INJURY

1. Before the collapse or fatality, did the horse exhibit signs of illness/injury on competition grounds? If so, when did the horse first exhibit signs? ☐ Yes ☐ No ☐ N/A

   Date: _____ Time: _____

2. After the collapse was the horse cleared to return to competition in accordance with GR850.8? ☐ Yes ☐ No

3. **BEFORE COLLAPSE/FATALITY**: Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds:_____

_____

4. What veterinarian(s) attended to horse on competition grounds **before** collapse/fatality?

   Name(s): _____ Time: _____

5. Medications, procedures, and/or treatments (if any) given by non-veterinarian to horse on competition grounds **before** collapse/fatality:_____

_____

6. Name of non-Veterinarian: _____ Phone: _____

7. **AFTER COLLAPSE/FATALITY**: Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds:_____

_____

8. What veterinarian(s) attended to horse on competition grounds **after** collapse/fatality?

   Name(s): _____ Time: _____

9. Facility or location where horse transported to (dead or alive) after collapse/fatality: Name(s): _____ Phone #: _____

10. **NECROPSY**: Laboratory or Veterinarian(s) who performed a necropsy: Name(s): _____ Time: _____

11. **ABUSE OR NEGLECT**: Was collapse or death in any way related to abuse or neglect? ☐ Yes ☐ No ☐ N/A (Details and witnesses)_____

_____

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