BRITISH RIDING CLUBS



ACCIDENT REPORT FORM

Name of event:	Host Club:
Date of accident:	Time of accident:
Full name of person involved:	Age:
Address:	
Venue:	Owner(s):
Name of pony/horse:	
Mare [] Stallion [] Gelding [] Age of p	oony/horse: Height:
Owner of pony/horse:	
Address of owner:	
Had the person ridden the pony/horse pre	eviously: yes[]no[]for how long:
Was the pony/horse: being ridden [] being	ng led [] loose []
Was the rider: alone [] with one	e other horse [] with a group of horses []
doing flatwork [] practicis	sing jumping [] competing []
If competing: was it dressage [] show/s	style jumping [] cross country [] other []
If other: what competition:	
Was the rider wearing the correct hard ha	t, correctly fastened? yes [] no []
Did the rider/horse fall? neither [] rider	[] horse [] both []
Was the rider: uninjured [] injured [] inc	capcitated [] killed []
Was medical attention given: yes doctor [[] yes paramedic [] yes first aider [] no []
Of no, why not?	
Did rider remount? yes [] no []	
Was the pony/horse: uninjured [] injured	[] killed/destroyed []
Was veterinary attention given? yes [] no	0[]
Accident location: collecting ring [] outd	loor arena [] indoor arena [] cross country [

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Details of accident

Names, addresses and telephone numbers of witnesses:	
(If serious injury or fatal accident please attach witness statements)	
Signature & name of show organiser:	
Details transferred to clu	ub accident book by: