



American Shetland Pony Club, Inc.,

American Shetland Pony Registry | American Miniature Horse Registry | American Show Pony Registry

81B East Queenwood Road Morton Illinois 61550-2974

PH: 309-263-4044 F: 309-263-5113 www.shetlandminiature.com

Accident/Injury/Incident Report

This section is to be completed by the Call Judge/Judge/Steward/Show Manager who should note the circumstances as indicated on the form and also provide information regarding responders, EMS providers, and facility transported to so that medical records can be located if required.

URGENT – Please check if: FATALITY SERIOUS INJURY – Contact American Shetland Pony Club, Inc. immediately – Weekend emergencies call the Director of Operations (309) 620-1480 – all other incidents forward this form within 10 days of the end of the event.

1. Injured Person/Horse: _____ Date/Time of Incident: _____

2. Name of Competition: _____ City: _____ State: _____

3. Youth Adult Sex of Person M F Sex of Horse or Pony S M G

4. Category of Participation: Exhibitor Trainer Owner Groom Official Spectator Volunteer
 Other _____

5. Location on the grounds where incident occurred: Show Ring Warm-up/Holding Area Stabling Parking
 Other _____

6. Name/Type of class (must complete if accident happened during or in preparation for class): _____

7. If jumping class (in-hand or under saddle) specify type of jump and height: _____

8. Footing at the time of incident (check all that apply): Deep Wet/Slippery Hard Level Uneven Good
 Other _____

9. Describe what happened: _____

10. Witness to incident, if any (additional may be added to back of page):

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

11. Protective Equipment Worn: ASTM/SEI Helmet Unapproved Helmet Other

12. List any other contributing factors (e.g. Footing/Weather/Loose Dog/Golf Cart, etc.): _____

13. Was a responder called? Medical – Ambulance/EMT Police Fire Veterinarian Other _____
Name of Responder: _____

14. Simple explanation of the Nature of the Injury (e.g. lameness, hit head, bleeding) and body part affected:

15. Treatment: None On-Site Transported by: _____ Vehicle #: _____
Transported to: _____

16. If no injuries to person or horse and the incident is property damage only, please describe: _____

Completed by: _____ Date: _____