



Equine Welfare Fatality Report Form

Date of Report: _____

Name of Person Reporting: _____

Phone Number: _____

Date and Time of Incident: _____

Name of Horse(s): _____

Name of Horse(s) Owner: _____

Horse(s) Age: _____

Veterinarian: _____

Name of USPA Club where the incident occurred: _____

Was this incident at a USPA Event? Yes No

Name of USPA Event: _____

Umpire(s): _____

Goal Level of Game: _____

Which Chukker did the incident occur:

1 st	2 nd	3 rd	4 th	5 th	6 th	OT	After Game

If "After Game", what time did the incident occur: _____

Host Tournament Committee: _____

Additional Information (attach additional pages if necessary): _____

For USPA Use Only:

Received By (USPA Employee): _____ Date: _____