



Equine Welfare Incident Report Form (For Non Drug Related Incidents)

Date of Report: _____

Name (confidential): _____

Phone Number (confidential): _____

Date and Time of Incident: _____

Location of Horse(s): _____

(If at a USPA Club, please specify)

Name of Horse(s) Owner: _____

Number of Horses Involved: _____

Was this incident at a USPA Event? _____

Have the authorities been notified? _____

Was there a fatality involved? _____

Description of Incident: _____

(attach additional pages if necessary)

Submit this form to equinewelfare@uspolo.org

For USPA Use Only:

Received By (USPA Employee): _____ Date: _____

Individual Horse Reports

Horse Name: _____

Description: _____

Body Condition Score: _____

Other: _____

Horse Name: _____

Description: _____

Body Condition Score: _____

Other: _____

Horse Name: _____

Description: _____

Body Condition Score: _____

Other: _____

(For additional horse reports please attach a separate sheet)