



Wild Rose Injury and Accident Report

100, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
 Phone: 403.253.4411 ext. 2 • Toll Free: 1.877.463.6233 Fax:
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 albertaequestrian.com

If an injury has occurred this form must be completed by a member of
 the Organizing Committee or Steward/TD.

Event Details:						
Name of Event: _____						
Location: _____			Date: _____			
Injured Party:						
Person		Horse		Both		
If Person:						
Competitor		Groom	Spectator	Official	Volunteer	Other: _____
Name: _____			AEF #: _____			
Address: _____						
City: _____		Postal Code: _____		Birthdate: _____		
Horse's Name: _____				Age: _____		
Owner: _____				Phone: _____		
Location of Injury:						
Parking Area		Warm-Up	Stabling	Show Ring	Cross-Country	Other: _____
If injury occurred in an over-fences class, were safety cups in use: Yes No						
Description of Accident:						
Nature of Injury to Person: <i>Describe apparent injury.</i>						
Treatment:						
Onsite		Transported		None	Refused	
By whom:						
EMT/Paramedic		MD	Spectator	Official	Other: _____	
Vet		Owner/Handler				
Name(s): _____						

Witness:

Did you witness the accident: Yes No

If not, who reported it to you:

Name: _____ Phone: _____

Name of Witness	Address	Phone

Attach statements from witnesses, if available.

Report completed by: _____ Date: _____

Signature: _____

Note: Retain a copy for your records and forward this form to the AEF office.

Alberta Equestrian Federation
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