



WE UNITED INJURY/DEATH REPORT FORM

(VERSION 17.11.01)

Append to Technical Delegate Report (if more instances needed, append multiple forms). Append any other documentation as appropriate.

Rider Injured Horse Injured Both Rider & Horse Injured

Horse Name: _____ WE United Horse Registration #: _____

Rider Name: _____ WE United Membership #: _____

Rider Phone #: _____ Rider Email: _____

Horse Owner Name: _____ Phone #: _____ Email: _____

Was the rider (check all that apply): Treated by EMT Treated on site by others Transported to medical center
 Rider Declined Treatment Died as a result of Injuries Wearing a helmet

Was the horse (check all that apply): Treated by Show Vet Treated by other Vet Transported to Vet Hospital
 Owner Declined Treatment Euthanized

Describe the Circumstances: _____

Competition Name _____ Competition Date(s) _____
Competition License # _____