

**INCIDENT REPORT**  
A separate form to be completed for each incident

|                          |               |                     |               |
|--------------------------|---------------|---------------------|---------------|
| <b>Event:</b>            |               | <b>Date:</b>        |               |
| <b>Chief Steward</b>     |               | <b>Telephone:</b>   |               |
| <b>Head Veterinarian</b> |               | <b>Telephone:</b>   |               |
| <b>Distance</b>          |               | <b>No. of Legs</b>  |               |
| <b>VGIH</b>              | <b>Yes/No</b> | <b>AERA Vetting</b> | <b>Yes/No</b> |

|                       |  |                       |  |                         |  |
|-----------------------|--|-----------------------|--|-------------------------|--|
| <b>No. of Entries</b> |  | <b>No. Successful</b> |  | <b>No. Unsuccessful</b> |  |
|-----------------------|--|-----------------------|--|-------------------------|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Incident Report</b>  |  |  |  |  |  |
| <b>Issues to be included in Incident report: Abuse of Veterinarians, Abuse of Officials, Accidents etc.</b> |  |  |  |  |  |

|              |  |              |  |                          |  |
|--------------|--|--------------|--|--------------------------|--|
| <b>Date:</b> |  | <b>Time:</b> |  | <b>Place of Incident</b> |  |
|--------------|--|--------------|--|--------------------------|--|

|  |
|--|
| <b>Nature and Description of Incident:</b> |
|--|

|  |  |
|--|--|
| <b>Names and telephone numbers of all Persons Involved</b> |  |
| <b>Names and telephone numbers of all Witnesses</b>        |  |

|  |  |              |  |
|--|--|--------------|--|
| <b>Signed (Person making the report)</b> |  | <b>Date:</b> |  |
|--|--|--------------|--|

Please hand to Chief Steward.