## Irish Pony Club Accident Form

Branch:

Report of: Member Injury Property Damage Horse Injury				
The Activity:  Date: Venue:				
Description of Location:				
Field Indoor School Outdoor Arena Countryside Stable Indoor School Name of Instructor:				
Activity:				
Flatwork				
Hunter Trials   Tetrathlon Dressage Other (please specify)				
Rider Details:  Name of Person Involved: Age Address				
Name of Parent or Guardian (if different) Owner of Horse or Pony Rider Injury:				
Was the Rider Injured? No Injury* ☐ Minor Injury* ☐ Significant Injury* Major Injury* ☐ (*Please see Health and Safety Statement for definitions of injuries)				
Was a Body Protector Worn? Yes No Was the Hate Kitemarked/Tagged Yes No No				
Did the Rider Complete the Lesson/Event? Yes No				
Was First Aid Given? First Aid ☐ Paramedic/Doctor ☐ A&E ☐ None Given ☐ What was the Injury?				
The Horse: Name of Horse or Pony Was the Horse?				
Ridden  On Lead Rein  Loose  Tethered/Tied up				
Did the Horse Fall? Yes No Was the Horse Injured? Yes No Killed/Destroyed				
Did the Horse Require Veterinary Attention? Yes No No Was There any Damage to Property?				

What was the outcome of (e.g. Broken bone, con	•		
Name(s) and Address (e	es) and Phone Numb	er of Witness (es)	
District Commissioner I Name:Address:			
	DO 01	Postcode	
Tel. No	_ DC Signature: _		
Form Completed By:			
Name	Tel.	E-Mail	
			Injury Report Form

Need any Help?
Contact: office@irishponyclub.ie