



Horse Riding Accident Report Form

Incident Overview

Date of Incident: _____

Time of Incident: _____

Location: _____

Discipline (if applicable): _____

Rider Information

Rider's Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Horse Information

Horse's Name: _____

Breed: _____

Age: _____ Gender: _____

Owner's Name (if not facility-owned): _____

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Description of Incident

Please describe what happened in as much detail as possible:

Injuries Sustained

Describe any injuries to the rider:

Describe any injuries to the horse:

Action Taken

Was first aid administered? ☐ Yes ☐ No

If yes, by whom? _____

Was emergency medical assistance called? ☐ Yes ☐ No

Was the rider taken to a hospital/clinic? ☐ Yes ☐ No

Describe other actions taken:

Witnesses

Witness Name(s) and Contact Information:

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Signatures

Rider Signature: _____ Date: _____

Instructor/Staff Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): __ Date: _____

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