



COMPETITIONS

EYE WITNESS REPORT – ACT OF ALLEGED ABUSE

Name of Competition:

Location:		Competition Date:	
Name of Eye Witness:		EC #:	
Owner <input type="checkbox"/>	Official <input type="checkbox"/>	Competitor <input type="checkbox"/>	Spectator <input type="checkbox"/> Other:
Name of Accused:		EC #:	
Name of Horse:		Recording #:	Entry #:
Horse Description:			

Time of Alleged Occurrence: Date (DD/MM/YY) _____ Time _____

Incident involved:

- Inflicting undue stress/pain
- Causing pain or unnecessary discomfort
- Excessive whipping or beating
- Electric shock device
- Excessive or persistent use of spurs
- Excessive or persistent jabbing of bit
- Horse exhausted, lame or injured
- Rapping
- Hyper-sensitizing
- Neglect
- Shackles or chains
- Raw or bleeding sores
- Explosives or fire
- Other: _____

What was the approximate duration of the act of alleged abuse? _____

Did a veterinarian to examine the horse? YES NO

If applicable, please provide veterinarian contact information:

Name: _____ Contact Info (email/phone): _____

Comments: _____

Retain a copy for your records and submit one copy to the competition steward or directly to Equestrian Canada at competitions@equestrian.ca or by fax at 1-888-713-3315.

EC will contact you should further details be required.