

ACCIDENT & INJURY REPORT

Explanatory Notes: This form is to be completed by the competition Steward, Technical Delegate or a member of the competition organizing committee if an injury has occurred.

1. General Information:

Competition Name:	Competition #:
Date:	Time:
Location:	
Organizer:	
Phone #:	

2. Injured Party:

Person (see below):	Horse:	Both:
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If person:

Rider/Driver/Vaulter/Handlers	Groom	Spectator	Official	Volunteer	Other:
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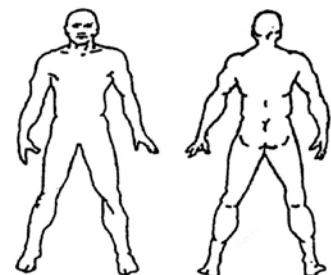
Name:	Phone #:	
Birth Date (dd/mm/yyyy):	Gender:	
Address:		
City:	Province:	Postal Code:
Horse's Name:		
Passport #:	Horse's Age:	
Horse Owner Name:	Phone #:	

3. Location of Injury:

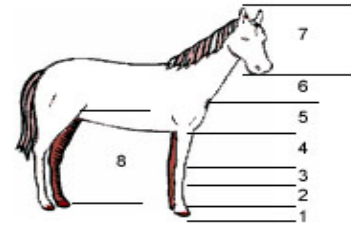
Parking Area:	Warm-up:	Stabling:	Show Ring:	Cross-Country:	Other:
Name of Class:					
Type of Class:					
If over Fence, type of fence:					
Dimensions of fence:					
Fence safety features	Safety Cups:	Yes	No	N/A	
	Fragile:	Yes	No	N/A	
	Rotational Fall:	Yes	No	N/A	

4. Brief description of accident:

5. Nature of Injury to Person:



6. Nature of Injury to Horse:



In case of horse accident, brief statement from official or treating veterinarian:

7. Treatment:

Onsite:	Transported:	None:	Refused:	Other:
By Whom:				
EMT/Paramedic	Doctor	Veterinarian	Spectator	Official
Person Responsible	Other:			
Name:				

8. Witnesses to Accident:

Were you a witness to the incident?	Yes	No
If not, who reported the incident?		
Name:	Phone #:	

Attach a Witness Report if available or statement from medical officer:

Name	Address	Telephone
1.		
2.		
3.		

9. Follow-up: (If appropriate i.e. hospital report, x-ray, veterinary clinic or hospital report)

Report completed by: _____
 Signature Steward/TD or OC member: _____ Date: _____

Accident & Injury reports must be returned to Equine Canada attached to the Steward or Technical Delegate report form. In the absence of a Steward or Technical Delegate, the Accident & Injury report must be returned with the Competition Master Report by a member of the Organizing Committee.

FAX OR EMAIL WITHIN 24 HOURS IF THE FOLLOWING OCCURS & CALL EMERGENCY PHONE LINE (EXT. 199)

- The death of a person or horse
- When rider/person/horse is unconscious / has life threatening injury and is transported by ambulance
- Equine Canada will respond to any voicemails on the emergency line within 3 hours

Affidavit Foreign Owned Horse

This form is to be completed for all foreign-owned horses that do not have a valid EC or FEI passport.

I, _____
(name of owner/agent)

hereby certify that my horse: _____

is eligible to compete at the _____
(name of competition)

that is being held on: _____ day of _____

In the following divisions and classes (list classes):

I am the _____ Owner _____ Agent of this horse (Please specify)

FEI Passport# _____ (if applicable)

USEF Passport# _____ (if applicable)

Name: _____ USEF # _____

Address: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Phone #: _____

Signature: _____ Date: _____

Competitor Report Form

Name of Competition _____

Location _____ Date _____

How many horses did you exhibit? _____ Which division(s)? _____

	YES	NO	COMMENTS
Facilities adequate?	___	___	_____
Secretary efficient?	___	___	_____
Courses: Safe?	___	___	_____
rideable?	___	___	_____
Set for level of competition/ horse/rider/division?	___	___	_____
Steward doing his/her job?	___	___	_____
Warm-up area adequate?	___	___	_____
Judging good?	___	___	_____
by EC standards?	___	___	_____
Rule book requirements?	___	___	_____
Did you place?	___	___	_____
Parking adequate?	___	___	_____
Communication system adequate?	___	___	_____
Washroom facilities Adequate?	___	___	_____
Food services adequate?	___	___	_____
Veterinarian availability?	___	___	_____
Farrier availability?	___	___	_____
Prize money in good ration to entry fees?	___	___	_____
Competition run on time?	___	___	_____

GENERAL COMMENTS

Name (please print) _____ EC # _____

Signature _____ Date _____

NOTE: RETAIN A COPY FOR YOUR RECORDS AND FORWARD ONE COPY TO EQUINE CANADA.

Equine Emergency Medication Report Form

INSTRUCTIONS TO THE VETERINARIAN

1. The purpose of this form is to permit a horse/pony that requires forbidden medication because of an acute illness or injury to compete. They may compete after a minimum of 24 hours after the last treatment even if the drug has not fully cleared. Continuing to compete with the horse/pony must not be detrimental to the overall welfare of the horse/pony nor accelerate a disease process.
2. This form may only be used for the administration of a medication for emergency therapeutic purposes. This form is not permitted if a horse/pony has been administered a forbidden substance for shipping, clipping, or for any purpose other than a therapeutic purpose (i.e. the diagnosis or treatment of acute illness or injury).
3. This form is to be completed any time a horse/pony has been administered a forbidden substance for therapeutic purpose within 24 hours of competing (this includes any medication administered to the horse/pony). **IMPORTANT: The horse/pony MUST BE WITHDRAWN FROM COMPETITION** for a period of **NOT LESS THAN 24 HOURS** after the last administration of a forbidden substance. In any instance, if more than one non-steroidal anti-inflammatory drug is found in any sample, the test will be deemed positive despite the completion of this form.
4. Drugs and/or medications are to be administered to a horse/pony **BY A LICENSED EQUINE VETERINARIAN**.
5. The form must be filled in completely before it is submitted to the EC Steward/Technical Delegate. In the case of Bronze competitions with no steward/TD, it must be submitted to the organizing committee.
6. **THE FULLY COMPLETED FORM** must be submitted to the Steward/Technical Delegate, as follows:
 - a. **WITHIN ONE HOUR** of the administration of the medication;
 - b. **WITHIN ONE HOUR** of the Steward/Technical Delegate returning to duty (if the administration is at a time other than during competition hours); or
 - c. **WITHIN ONE HOUR** of arrival on the grounds (if the administration is at a time before arrival).
7. The filing of this medication report is **NOT A DEFENSE** to a violation of the Equine Medication Control Rules. If the Official Laboratory issues a certificate of positive analysis for a sample collected from a horse/pony treated as indicated on this form and shows the presence of a Forbidden Substance, the Equine Medication Control Committee must investigate the matter to determine whether all of the requirements of the EC Rules have been met. The information contained in this equine emergency medication report and any other relevant evidence will be considered in determining whether there has been a violation.

THE PERSON RESPONSIBLE (Section A - General Regulations, Glossary)

The Person Responsible for a horse must be an adult who has, or shares, responsibility for the care, training, custody, and performance of the horse and who has official responsibility for that horse under EC Rules and is liable under the penalty provisions of the Rules for any violation of the EC Rules. For the purpose of these Rules, the Person Responsible is normally the trainer, owner or the competitor who rides or drives the horse during an event, or a parent or legal guardian in the case of junior competitors. The Person Responsible is ultimately responsible for the condition, fitness and management of the horse and is alone responsible for any act performed in the stables by himself or herself or by any other person with authorized access to the horse, or while the horse is being ridden, driven or exercised.

The Person Responsible must hold a valid EC Sport License in good standing at the same level or higher in which the horse is competing. However, when the competitor is a Junior, the competitor cannot be the Person Responsible and the Person Responsible may be a parent/guardian who must be at minimum an EC or USEF member in good standing. The entry form must list the Person Responsible's name, their EC or USEF member number and be signed.

Equine Emergency Medication Report Form

Horse/Pony Name:		Horse	Pony
Age:	Sex:	Weight:	
Colour & Markings:			
Entry #:	EC Passport #:		
Person Responsible:	EC Sport License (USEF) #:		
Owner's Name:	EC Sport License (USEF) #:		

Identification of Medication (Please type or print clearly)

	Drug #1	Drug #2	Drug #3
Generic Name			
Amount Administered & Concentration			
Route of Administration			
Date(s) of Administration			
Date/Time of Last Administration			
Diagnosis and Reason for Administration			

Name of Veterinarian Administering Medication:

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Name (print clearly)

Signature

(Ensure this form is completely and accurately filled out, an incomplete form is invalid)

Instructions to the Steward/Technical Delegate (print clearly)

Date Received:	Time Received:	am	pm
Competition #:			
Name of Competition:			
Date of Competition:	City/Province:		

Name & Signature of EC Steward/Technical Delegate:

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Name (print clearly)

Signature

Steward/Technical Delegate Comments:

Did the horse/pony continue to compete? Withdraw from Competition?

**Please fax and send a copy of the completed form to Equine Canada as soon as it is received: fax (1-888-713-3315)
EQUINE CANADA, 308 LEGGET Dr., SUITE 100, OTTAWA, ON, K2K 1Y6**

Eyewitness Report—Act of Alleged Abuse

Name of Competition:			
Location:		Date:	
Name of eyewitness:			
Address:		Phone #:	
In what capacity (select one):	Competitor		Spectator
Owner	Official	Member of Organizing Committee	Other:

Name of Accused:	
EC #:	PTSO#:
Address:	Phone #:
Name of Horse:	
Passport #:	Entry #:
Description of Horse:	

Where were you in relation to the accused at the time of the incident?

Approximately how long did you witness the act of alleged abuse? _____

State what you observed as clearly and specifically as you can (use reverse if needed).

Provide details in chronological order.

Were you able to locate a veterinarian to examine the horse? Yes _____ No _____

If yes, please give the name and address of the veterinarian:

Name: _____

Address: _____

Date: _____ Signature: _____

NOTE: RETAIN A COPY FOR YOUR RECORDS AND FORWARD ONE COPY TO EQUINE CANADA.

JUDGE'S REPORT FORM

Name of Competition _____ Competition # _____

Location _____ Date _____

Competition management receptive?	Yes ___	No ___
Competition secretary organized re judges cards, etc.?	Yes ___	No ___
Facilities adequate re judge's stand?	Yes ___	No ___
Exhibitors knowledgeable as to class routines? Steward(s)	Yes ___	No ___
Appeared to be doing his/her job?	Yes ___	No ___
Competition schedule efficient?	Yes ___	No ___

Start Time _____ Finish Time _____ Breaks _____

	YES	NO	COMMENTS
Course Design			
• safe?	_____	_____	_____
• inviting?	_____	_____	_____
• well built?	_____	_____	_____
• built to level required? (re rules/entries)	_____	_____	_____
Footing			
• main rings (describe)	_____	_____	_____
• warm up rings (describe)	_____	_____	_____
Ring enclosures (describe)	_____	_____	_____

Act of Alleged Abuse

Did you witness any act of alleged abuse Yes ___ No ___

If yes did you include an Eyewitness Report Yes ___ No ___

Has an act of alleged abuse been brought to your attention Yes ___ No ___

If yes by who _____

(name and sport license number)

If yes were they provided an Eyewitness Report Yes ___ No ___

General Comments

NAME (please print) _____ EC # _____

SIGNATURE _____ DATE _____

NOTE: RETAIN A COPY FOR YOUR RECORDS AND FORWARD ONE COPY TO EQUINE CANADA.

EQUINE CANADA JUMPER WARNING CARD

COMPETITION: _____ COMPETITION # _____
ORGANIZERS NAME: _____ DATE: _____
RULE VIOLATION ARTICLE #: _____
COMMENTS: _____

COMPETITOR: _____ (please print) _____ (signature)

EC COMPETITIVE LICENSE #: _____ ACCEPTS _____ DOES NOT ACCEPT _____

THIS WARNING CARD IN RESPECT TO THE ABOVE OFFENCE.

NAME & SIGNATURE OF STEWARD: _____
_____ (please print) _____ (signature)

THIS SECTION TO BE SENT TO EC OFFICE

EQUINE CANADA JUMPER WARNING CARD

Extract of EC Rules, Section G, Annex 1 - Rule Infractions:

1. In cases of violation of Schooling Rules, the following procedure will apply: A steward or member of the Ground Jury may deliver to the Person Responsible for the infraction a Warning Card documenting the rule violation.
2. If the Person Responsible refuses to accept the Warning Card, the card will immediately be submitted to EC for a decision regarding the imposing of a penalty.
3. If the Person Responsible accepts the Warning Card, it will act as a warning only, and any penalty will be deferred.
4. Should the same Person Responsible be given two more Warning Cards at the same or any other EC Gold or Silver competition within one year of the delivery of the first card, the case shall be submitted to EC for a decision regarding the imposing of a penalty.

COMPETITION: _____
RULE VIOLATION AND ARTICLE #: _____
NAME WARNING CARD GIVEN TO: _____
NAME OF STEWARD CARD ISSUED BY: _____

THIS SECTION TO BE GIVEN TO RULE VIOLATOR



Pony Measurement Card La Carte de Mesure des Poneys

ARTICLE G111 PONY MEASUREMENT

1. EC officials will conduct random measurement of ponies during the competition year, regardless of whether or not a pony has a permanent measurement card.
2. Ponies six years and over that have been officially measured in this process will be issued an official measurement card.
3. Ponies under six years of age must be measured annually and will be issued a temporary measurement form. (See Section A, General Regulations, Article A1104)
4. All ponies entered in a national final (e.g. The Royal Horse Show) will be measured at that competition if they do not have a valid current measurement card. To be exempt from measurement at the final, the owner must present the current measurement card. No measurement card dated earlier than 2009 will be accepted.
5. Ponies may be measured barefoot or shod. If shod, the depth of the shoe shall be noted on the measurement page and subtracted from the height. (See A1109.2)

ARTICLE G111 – MESURE DES PONEYS

1. Les officiels de CH mesureront les poneys au hasard au cours de l'année de compétitions, peu importe si une carte de mesure a été émise ou non pour le poney.
2. Une carte de mesure officielle sera émise pour les poneys âgés de six ans ou plus qui seront mesurés officiellement durant ce processus.
3. Les poneys âgés de moins de six ans doivent être mesurés à tous les ans. Un formulaire de mesure temporaire est alors émis (voir la section A des règlements généraux, article A1104).
4. Tous les poneys inscrits à une finale nationale (par exemple, le Royal Horse Show) doivent être mesurés lors de ce concours s'ils n'ont pas de carte de mesure valide. Pour en être exempté, un propriétaire doit présenter une carte de mesure valide. Aucune carte de mesure datée d'avant 2009 ne sera acceptée.
5. Les poneys peuvent être mesurés avec ou sans fers. Si le poney est ferré, l'épaisseur du fer doit être notée sur la page de mesure et soustraite de la taille (voir le paragraphe A1109.2).

	<h2 style="text-align: center;">OFFICIAL MEASUREMENT CARD LA CARTE OFFICIELLE DE MESURE</h2>
Name of Pony: Nom du Poney : _____	Year Foaled: Année de naissance : _____
EC passport # No passeport de CH : _____	Colour: Couleur : _____
Official/ Officiel 1	Sex / Sexe : _____
Official's name & title (please print) Nom et titre de l'officiel (en caracteres d'imprimerie)	<input type="checkbox"/> Shod / Ferré <input type="checkbox"/> Plates / Plaques <input type="checkbox"/> Flat / Plat Toe / Pince : _____ <input type="checkbox"/> With Heels / avec talons <input type="checkbox"/> Unshod / non Ferré
Official's signature / Signature de l'officiel	
Official/ Officiel 2	Heel / Talon : _____
Official's name & title (please print) Nom et titre de l'officiel (en caracteres d'imprimerie)	Markings confirmed in the EC passport: Les marques d'identité confirmé dans le passeport de CH :
Official's signature / Signature de l'officiel	<input type="checkbox"/> Yes / Oui <input type="checkbox"/> No / Non
	Officially measures at / Mesuré officiellement à : _____ HH Date _____
	Name of show: Nom du concours : _____

PROTESTING MEASUREMENT FORM
Formulaire pour Contestation de Taille

PLEASE PRINT- (EN CARACTÈRES D'IMPRIMERIE)

Name of Animal: _____ Passport #: _____
(Nom de l'animal) (Numéro de passeport)

Year Foaled: _____ Sex: _____ Colour: _____
(Année de naissance) (Sexe) (Couleur)

Markings: _____
(Marques)

Shod _____ (ferré)

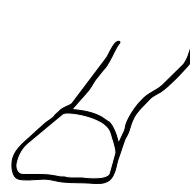
Plates _____ (plaques)

Flat _____ (plat)

With Heels _____ (avec talons)

Unshod _____ (non ferré)

_____ TOE (pinces)



_____ HEEL (talon)

Give Height from Coronet to ground (Taille de la bande coronaire au sol)

Division: _____
(Classe)

THIS IS TO CERTIFY THAT THE ANIMAL DESCRIBED HEREIN HAS BEEN OFFICIALLY RE-MEASURED ACCORDING TO A1112 AND G110. THIS FORM (WHITE COPY) IS TO BE PLACED IN THE BACK OF THE PASSPORT. (La présente certifie que l'animal nommé ci-dessus a été remesuré officiellement selon article A1112 et G110. La copie blanche de ce formulaire doit être placée à l'arrière du passeport.)

_____ H.H. at the _____
H.H. au _____ (Name of Show - Nom du concours)

Signed this _____ day of _____ 20 _____.
(Signé le) _____ jour de _____

First Measuring Officer: _____
(Premier agent autorisé)

Please Print Name: _____
(Nom en caractères d'imprimerie)

Second Measuring Officer: _____
(Deuxième agent autorisé)

Please Print Name: _____
(Nom en caractères d'imprimerie)

Name of Owner: _____ EC #: _____
(Nom du propriétaire)

Address/Adresse: _____

2016 Stewards Report of Alleged Abuse

Eventing competitions must use the Warning Report Form. This form is to be sent to Equine Canada with the Steward Report Form, or if a Bronze competition, to be submitted by a member of the Competition Organizing Committee.

Name of Competition:	
Competition #:	Competition Date:
Name of Accused:	
EC #:	PTSO #:
Name of Horse:	
Passport #:	Entry #:
Date & time of Alleged Act of Abuse:	

Brief description of the incident: _____

Alleged Abuse reported by:	
EC #:	PTSO #:
Action taken, if any: _____ _____ _____ _____	

Eye-witnesses: Please attached their written reports

#	Full Name	EC #	Email	Phone #
1				
2				
3				

Were you able to locate veterinarian to examine the horse? YES _____ NO _____
 If yes, please give veterinarian contact information.
 Name: _____
 Address: _____
 Email: _____ Phone #: _____

 Stewards Name (print) Steward's Signature

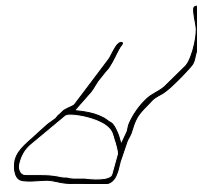
RETAIN A COPY FOR YOUR RECORDS AND FORWARD ONE COPY TO EQUINE CANADA

TEMPORARY MEASUREMENT FORM (FORMULAIRE DE MESURE TEMPORAIRE)

Temporary measurement forms must be obtained annually until the animal is 6 years of age, and such forms remain valid for the calendar year. (On doit se procurer un formulaire officiel de mesure temporaire chaque année jusqu'à la fin de l'année civile en cours).

Name of Animal : (Nom de l'animal)	
Passport # : (Numéro de passeport)	Colour: (Couleur)
Year Foaled : (Année de naissance)	Gender : (sexe)
Markings :	
Division: (Classe)	
Owner's Name: (Nom du propriétaire)	
EC #:	

Shod (ferré) :	
Plates (plaques) :	
Flat (plat) :	
With Heels (avec talons) :	
Unshod (non ferré) :	
TOE (pince):	
HEEL (talon) :	



Give Height from Coronet to ground (Taille de la bande coronaire au sol)

THIS IS TO CERTIFY THAT THE ANIMAL DESCRIBED HEREIN HAS BEEN OFFICIALLY MEASURED:

La présente certifie que l'animal nommé ci-dessus a été mesuré officiellement:

_____ H.H. at the _____
H.H. au _____ (Name of Competition - Nom du concours)

Signed this _____ day of _____ 2015.
(Signé le) _____ jour de _____

First Measuring Officer Signature: _____
(Premier agent autorisé)

Please Print Name: _____
(Nom en caractères d'imprimerie)

Second Measuring Officer Signature: _____
(Deuxième agent autorisé)

Please Print Name: _____
(Nom en caractères d'imprimerie)

Yellow Warning Card Equine Canada Section A – EC Rules

Competition _____ Competition # _____

Organizers Name _____ Date _____

Rule Violation Article # _____

A517(3) Abuse or Cruelty _____ A518(3) Acts of Discourtesy _____

Comments _____

Competitor (print) _____ Sport License # _____

Signature _____

Officials Name (print) _____

Signature _____

This Section to be sent to EC & Organizing Committee

Yellow Warning Card Equine Canada Section A – EC Rules

EC Rules – Section A517 & A518:

1. In cases of violation of Section A517(3) Abuse or Cruelty and Section A518(3) Acts of Discourtesy the following procedure will apply: A Steward, Judge or T.D. will deliver to the person responsible for the infraction a Warning Card documenting the rule violation.
2. The Warning Card will act as a warning only, and any penalty will be deferred.
3. Should an individual receive a second warning card within 365 days, that individual shall be subject to a hearing to consider the conduct that led to each Yellow Warning Card being issued. Ref: A516(3)

Competition _____

Rule Violation Article # _____

A517(3) Abuse or Cruelty _____ A518(3) Acts of Discourtesy _____

Name Warning Card Given To _____

Name of Official Issuing Card _____ Date _____

This Section to be given to Rule Violator