

Pony Club Accident / Liability Form

Pony Club Branch Name: _____

Report of: Injury to member Injury to third party Injury to Horse Property damage

Personal Details

Name of person involved: _____ Membership number: _____ Date of Birth: ____/____/____

Address: _____

Contact Number: _____ Email: _____

What experiences have they of riding/accompanying the animal? _____

Owner of Horse if different from above: _____

The Activity

Venue: _____ Time: _____ Date: ____/____/____

Name of Instructor (if appropriate): _____

Organised by Pony Club? Yes No

Description of Location (Please tick as appropriate):

Countryside Horsebox/float Stable
 Field Outdoor Arena Other (please state): _____
 Indoor School Public Road _____

Weather Conditions (Please tick as appropriate):

Windy Cloudy Hail Heat wave
 Sunny Rainy Icy

Activity (Please tick as appropriate):

Cross Country Mounted Games Tetrathlon
 Dressage Polocrosse Mounted Rally Other (please state): _____
 Flatwork Show Jumping Unmounted Rally _____

Have you or your employees received any complaint or claim regarding this incident or other incidents previously? Yes No

If Yes, please give details:

Other Insurance:

Are you a member of one or more of the following (please tick appropriate):

- The Pony Club
 SAEF
 Other, give details _____

Membership / Policy Number:

Does the OWNER have liability insurance in respect of the animal? Yes No

This may be under their Householders Contents Policy or their Horse Insurance Policy) If Yes, please give details:

Do you or your parents (if you reside with them), have any other Public Liability Policy/Household Contents Insurance Policy? Yes No

If Yes, please give details:

Name: Policy No:

Address:

The Horse

Name of Horse: Age of Horse: Breed of Horse:

Was the Horse (Please tick as appropriate):

Loose On Lead Rein Ridden Tethered/Tied Up

Did Horse Fall: Yes No Was the Horse Injured: Yes No

Was a vet called? Yes No Killed/Destroyed: Yes No

To your knowledge has this animal been involved in any similar incidents of this nature Yes No

If Yes, please give details:

Incident Details

Was a body protector worn: Yes No

Was chin strap fastened: Yes No

Was hat kite marked/tagged: Yes No

Did Rider complete lesson event: Yes No

Was Treatment Given (Please tick as appropriate):

A&E

First Aid

Paramedics

Doctor

Details of Injury

Description of Accident / Incident (please describe in full, including third party details and damage to any property, please attached a diagram if appropriate)

Was the incident due to equipment failure/malfunction? Yes No
(If Yes, please provide further details)

Has this matter been reported to the police? Yes No
If so, please give name and address of the station:

Police report number:

Witnesses to the accident/incident (if more than one witness continue on a separate sheet)

Name: Telephone No:

Address:

Form Completed by:

Print Name:

District Commissioner Details:

Telephone Number: Email:

Please complete and return this form to: