



# 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](mailto:competitions@equestrian.ca).

EC will contact you should further details be required.