

AMERICAN QUARTER HORSE ASSOCIATION
Livestock Injury Report Form

Please complete and return one form for each show number with your show results. This form must be returned even if there were no horse or cattle injuries.

Show number: _____ Show date: _____

Show location: _____

Horse injuries:

What class did the injury occur in?

If the injury was not in a class, where did it occur? (e.g. stable area, loading or unloading, warm up pen or wash rack)

Cattle Injuries

What class did the injury occur in?

If the injury was not in a class, where did it occur? (e.g. chutes, pens, loading or unloading)

Degree of injury? *(Circle one)* **Minor** **Major** **Death**

Explanation of injury:

Signature of Show Secretary or Manager

ID# _____