



**Manitoba
Horse Council**



HERITAGE EVENTS & COMPETITION

Alleged Equine Abuse - Witness Report Form

145 Pacific Avenue, Winnipeg, MB R3B 2Z6

Phone: 204-925-5718

email: mhc.admin@sportmanitoba.ca

www.manitobahorsecouncil.ca

Retain a copy for your show records and submit a copy to the Show Steward or directly to Manitoba Horse Council at mhc.exec@sportmanitoba.ca You will be contacted with further details are required.

Name of Competition: _____

Location:	Competition Date:
Name of Eye Witness:	MHC#:

Owner Official Competitor Spectator Other: _____

Name of Accused:	MHC#:
Name of Horse:	Recording #:
	Entry #:
Horse Description:	

Time of Alleged Occurrence: _____
(Day, Month, Year, and time)

Incident Involved:

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

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

Did a veterinarian examine the horse? Yes No

If applicable, provide the contact information for the veterinarian:

Name/email/phone: _____

Comments: _____