



WATCH LIST REPORT FORM

Reporter Name: _____ Date: _____

REPORTING CONTACT INFORMATION

Reporter's Phone: _____ Reporter's Email _____

Rider's Name: _____ Horse: _____

Rider USEF #: _____ Horse USEF# _____

Location of Incident: _____

Division: _____ Phase: _____ Dressage Cross Country Show Jumping Warm-up

Reporters Statement: _____

RIDER'S CONTACT INFORMATION (TO BE FILLED IN BY USEF)

Name: _____

Phone: _____ Email: _____

Trainers /Parents Name: _____

Phone: _____ Email: _____

Riders 1st Report: Yes No Riders 2nd Report: Yes No

OTHER PERTINENT INFORMATION:

Form to be returned to: USEF Eventing Department at usefeventing@usef.org
Phone: 859-225-2054