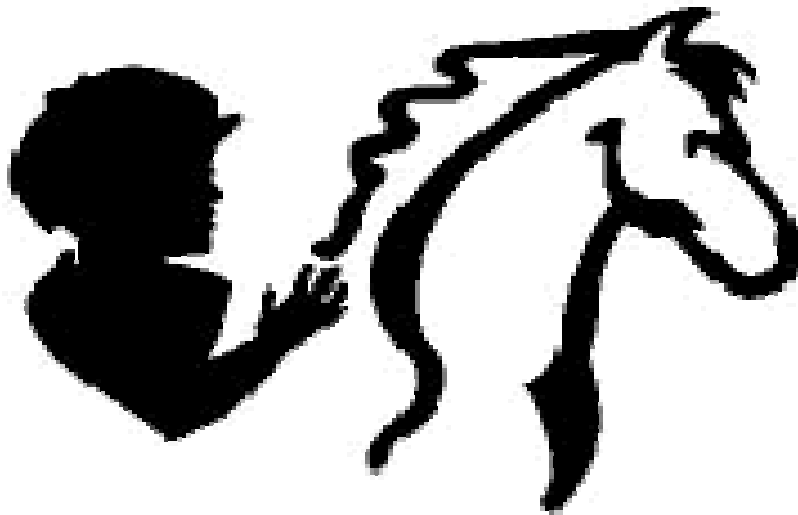


# Therapeutic Riding of the Ozarks

an operating agency of Council of Churches of the Ozarks



## Volunteer Handbook



**NARHA Premier Accredited Center**

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# **THERAPEUTIC RIDING of the OZARKS**

An operating agency of the Council of Churches of the Ozarks

627 N Glenstone Ave  
Springfield, MO 65802  
Phone: 417.862.3586  
Email: tro@ccoarks.org  
<http://www.ccoarks.org/tro.htm>  
[www.trozarks.blobspot.com](http://www.trozarks.blobspot.com)

## **Mission Statement**

Our mission is to provide accredited, exceptional therapeutic riding experiences, improving the quality of life for those in the Ozarks with disabilities.

## **Vision Statement**

We envision a program that will grow and adapt to meet the changing needs of our clients. Working collaboratively with MSU and BGTM, we will increase the quality and quantity of services offered to clients and the community.

William Darr Agriculture Center  
Missouri State University  
2401 S. Kansas  
Springfield, MO 65807

We gratefully acknowledge the support given this program by those in the MSU agriculture department, especially Dr. Anson Elliot, Sue Webb, Dr. Gary Webb and the students.

We also thank Trudy Pischer and the residents of Boys and Girls Town of Missouri (BGTM) for their work with this program, and Wes Buffington and the Greene County Board for the Developmentally Disabled (GCBDD) for their support.

# 2009 TRO Calendar of Equine therapy Sessions

## Hippotherapy fall sessions (Republic,MO)

Volunteer Training: September 11, 6pm at MSU Darr Center or on site at Republic prior to Lesson if you can't make the September 11 training. HPOT is held on Wednesday's

HPOT Sessions: September 23, & 30 Oct 7, 14, 21, & 28 and Nov 4,& 11

Session times: 4:00 - 8:00pm  
(Subject to change pending on number of clints)

## Equine Assisted Activities Fall six week Session (MSU Darr Center)

Volunteer Training: September 11, 6pm at MSU Darr Center

EAA/T session: Sept 12, 19 & 26 Oct 3, 24, & 31  
EAA/T is held on Saturday's

Lesson time: Lesson 1 8:45am  
Lesson 2 9:45am  
Lesson 3 10:45am  
Lesson 4 11:45am

## Contact Information:

Kent Crumpley Director, Therapeutic Riding of the Ozarks, NARHA Certified  
627 N Glenstone  
Springfield, MO  
862-3586ext230  
[kcrumpley@ccoazarks.org](mailto:kcrumpley@ccoazarks.org)  
<http://www.ccoazarks.org/tro.htm>  
[www.trozarks.blogspot.com](http://www.trozarks.blogspot.com)

Marge Cheesman OTA, AHA, NARHA Certified  
10175 W. Farm Rd 156  
Republic, MO 65802  
(417) 732-9298

Sue Webb, Animal Science  
MSU Agri Dept.  
(417) 836.8848

Krista Crumpley, Volunteer Coordinator  
862.3586 or [tro@ccoazarks.org](mailto:tro@ccoazarks.org)

William Darr Agriculture Center  
Missouri State University  
2401 S Kansas Exp  
Springfield, MO 65807  
(417) 881.0634

## **TRO Advisory Committee member and contact information for 2009**

Kent Crumpley Director, Therapeutic Riding of the Ozarks, NARHA Certified  
627 North Glenstone  
Springfield, MO 65802  
(417) 862.3586 or [kcrumpley@ccoazarks.org](mailto:kcrumpley@ccoazarks.org)

Marge Cheesman OTA, AHA, NARHA Certified  
10175 W. Farm Rd 156  
Republic, MO 65802  
(417) 732-9298

Cathy Larino PT, AHA Certified  
(417) 848-6548

Billie Rudminat OT, AHA Certified  
(417) 830-1642

Sue & Gary Webb  
Missouri State University  
Department of Agriculture  
901 S. National  
Springfield, MO 65804  
(417) 836.8848

Lisa Proctor Ph.D., CCC , SLP  
MSU Communication Sciences, Disorders  
(417) 836-6192

Dr. Anson Elliot  
Missouri State University  
Department of Agriculture  
901 S. National  
Springfield, MO 65804  
(417) 836.5638

Cyrus Taylor  
Northview Senior Center  
(417) 837-5808

John Bertsch  
Burrell Behavior Health (CSTAR)  
(417) 269-0300

Ann Tucker  
Boys and Girls Town of Missouri  
(417) 865-1646

Tom Moore  
Springfield-Greene County Parks and Recreation Dept.  
(417) 833-9618

Teril Petersen  
Pershing Middle School  
(417) 886-3751

## **Welcome to Therapeutic Riding of the Ozarks**

Thank you for serving as a volunteer, this program would not be possible without your assistance. This information booklet along with the training sessions should answer many questions. However, always feel free to ask for clarification from the Instructor or the Director.

For some of you this will be your first time around either horses or handicapped individuals, or both. **NARHA (North American Riding for the Handicapped Association)** has established many guidelines and standards to provide for the safety and comfort of clients, volunteers, and horses. These guidelines and standards will be followed.

### **The following guidelines are not debatable:**

1. The instructor is in absolute control of the ring.
2. Helmets will be worn and secured while mounted.
3. Any injury will be reported immediately to the instructor, and an incident report completed within 24 hours.
4. All new volunteers will be assigned a volunteer leader.

Safe and appropriate clothing must be worn at all times. For example, closed toed shoes must be worn at all times when around horses. No tank tops, clothes with holes, long earrings, etc. It is also safest to tuck shirts in prior to riding as the shirttails can catch on the tack. Helmets are available for volunteers and use is encouraged.

### **Parking**

The parking area at William Darr Agriculture Center is limited. Volunteers and staff are asked to park to the west of the facility to allow our clients better access to the arena.

## Therapeutic Riding of the Ozarks Fact Sheet

Therapeutic Riding of the Ozarks (TRO) is an operating agency of The Council of Churches of the Ozarks (CCO) with support from Missouri State University (MSU), Greene County Board for the Developmentally Disabled (GCBDD), Boys & Girls Town of Missouri (BGTM), and Monty Roberts.

We provide clients between the ages of four and eighteen with various disabilities the therapeutic benefits of horseback riding.

The movement of the horse helps promote three-dimensional movements of the human body improving balance and coordination, and increasing muscle strength and muscle tone. Therapeutic horseback riding also enhances physical, emotional, social and cognitive skills, and increases self-confidence.

Clients benefit from the friendships developed with the horses, peers, and the volunteers that make this program possible.

Riding lessons are held during the Spring and Fall semesters.

A maximum of twenty-four clients can be served during each session.

During each lesson, each client will spend approximately 45 minutes to one hour doing mounted and groundwork with a horse.

Lessons are located at William Darr Agriculture Center, Missouri State University 2401 S Kansas Exp, Springfield, MO 65807, (417) 881.0634.

TRO follows North American Riding for the Handicapped Association (NARHA) safety standards and admission requirements.

## When You Meet A Handicapped Person

1. Relax and treat him/her like any other person.
2. Talk about the same things that you would with anyone who comes to ride.
3. Do not offer too much help. It will be requested if needed.
4. Be patient. The handicapped person will set his/her own pace walking, talking and thinking.
5. Do not show pity or sentimentality. The handicapped person wants to be treated as an equal.
6. Do not expect less from a handicapped person. You may be surprised at how wrong you are at judging his/her interests and abilities.
7. Enjoy your friendship. Individuals with a handicap often have a super abundance of good humor, wisdom, acceptance, courage, and ability.
8. Do not ask embarrassing questions. If a student would like to talk about his/her disability, he/she will bring it up.
9. Do not separate the handicapped person from his/her wheelchair or crutches unless he/she asks you to take them away.
10. Do not make up your mind about the person with a disability before getting to know him or her.

## Basic Horse Safety Rules

1. Never approach a horse directly from the rear. Even in a stall, the horse should turn to face you.
2. Approach you horse at his shoulder, talking to him in a calm voice.  
REMEMBER: Horses are creatures of REACTION (fight or flight); so always let the horse know where you are.
3. Horses may kick, bite, strike and/or bolt if startled.
4. REMEMBER horses cannot see your hand when you pat their noses and this may cause them to jerk their heads up so keep your head in a protected position when handling a horse.
5. Use a safe lead rope and both hands when leading. The excess lead should be folded (NEVER WRAPPED OR LOOPED), and held in the hand farthest from the horse.
6. Do not allow the lead or reins to drag on or near the ground.
7. If the horse rears, release the hand closest to the horse's head so that you will not be jerked off the ground.
8. Always lead the horse between the throatlatch and shoulder.
9. Do not pull down on the lead as this causes pressure on the horses' head and can make him irritable.
10. You weigh a lot less than any horse; you cannot "out pull" him.
11. If a horse pulls back, step with him rather than pull against him.
12. If the horse will not move, try turning his head away from you.
13. ALWAYS walk AROUND your horse, preferably in front UNLESS your horse is tied to the rail.

14. NEVER duck under or step over the lead.
15. ALWAYS tie your horse with a lead (NEVER the reins) at wither height to a strong pole.
16. If walking behind your horse, either walk BODY TO BODY with your hand on the horses rump, or at least 15 feet away.
17. When releasing a horse, always turn him to face you, stand at his side and pat him quietly before removing the halter.
18. Never yell and try to make the horse run from you. In turning, he may kick out or knock you down. Make sure that you have room to move away quickly if necessary.
19. Make sure that all gates and doors are always closed and secured. If it is open, close it.
20. Keep tack and equipment off the ground and in proper places. Do not leave things where people or horses could damage or be hurt by them.
21. When grooming and tacking, do it from the side with your back toward the horses' head.
22. NEVER squat, sit, or kneel near a horse.
23. THINK SAFETY! The student will be more likely to do as you do.

## NARHA Membership

You can take an active role and learn more about therapeutic riding by becoming a NARHA member. There are several types of memberships available, each with different benefits:

### **Individual Membership:**

NARHA individual members include riding instructors, therapists, physicians, administrators, and individuals who wish to support therapeutic riding activities. Becoming a NARHA Individual Member is a great way to receive access to informational resources and learn more about this growing industry. The membership dues are paid annually, or a one-time fee for a Life Membership. For individuals residing outside North America, an individual international membership is available with membership dues paid annually.

Benefits include:

NARHA Guide- Provides valuable information on therapeutic riding, as well as the NARHA membership directory

Subscription to NARHA Strides- Quarterly therapeutic riding news magazine

Subscription to NARHA News- Industry newsletter distributed 8 times per year

Discount on the NARHA Center Standards & Accreditation Manual

Instructor certification opportunities

Membership lapel pin

Discounts on educational materials and events

Voting privileges

### **Professional Membership:**

All NARHA Individual Members will have the opportunity to upgrade their NARHA Individual Membership to a NARHA Professional Membership. This new category enhances your membership with more focused information by including membership in one of six special interest sections. The annual dues of a NARHA Professional Membership are \$60. This membership is a voting individual membership that includes one of the special interest categories listed below. Join any *additional* special interests for \$20 per year each.

Additional benefits to Individual Membership include:

Specialized newsletters

Opportunities to attend special workshops

Discounts on special interests products

When choosing the Instructor special interest, the instructor certification renewal fee is waived

***Special Interest Categories:***

American Hippotherapy Association (AHA)

Equine Facilitated Mental Health Association (EFMHA)

Competition Association of NARHA (CAN)

Administrative

Educational

Instructor

**Spirit Club Membership:**

Volunteers, riders with disabilities, parents, friends, and riding center directors often choose this membership to learn more about therapeutic riding. The Spirit Club membership dues are paid annually and membership is available through local NARHA member riding centers. A portion of the membership fee goes directly to the center. Those not affiliated with a center can join directly through NARHA.

Benefits include:

Subscription to *Spirit Club News*, a four page newsletter included in *Strides Magazine*

Subscription to NARHA News

Merchandise discounts

For information on becoming a NARHA member, please visit the NARHA web site at [www.narha.org](http://www.narha.org) or request a membership form through *fax-on-demand*, (303) 457-8496.

## **TRO Job Descriptions**

### **TRO Project Director**

The TRO project director answers directly to the CCO Chief Operating Officer. The TRO program director directly supervises the TRO instructor(s), volunteers, and all aspects of TRO operations including but not limited to maintaining NARHA accreditation standards, keeping client and volunteer records complete and current, working with MSU equine professionals and facilities managers, budgeting issues, revision of forms and documents as necessary, public relations, and any other duties deemed appropriate by her or his supervisor.

### **TRO NARHA Certified Instructor**

The TRO NARHA certified instructor answers directly to the TRO project director. The TRO NARHA certified instructor is responsible for familiarity with all client information, NARHA precautions and contraindications for riding, creation of appropriate, detailed lesson plans to meet the needs of the clients, familiarizing volunteers with each lesson plan prior to each lesson, knowledge of the characteristics of each equine utilized for TRO, client/equine assignments, volunteer/client assignments, tack and equipment assignments, equipment fit and safety checks immediately prior to mounting each participant, making sure the arena is clear of objects that might injure horses, participants, and personnel, and any other duties deemed appropriate by her or his supervisor.

Minimum qualifications include current NARHA instructor certification, and current first aid and CPR certifications.

### **Volunteer Coordinator**

The volunteer coordinator will actively recruit new volunteers, coordinate the volunteer training session, ensure that all volunteers are contacted and confirmed for that week's lesson, keep track of attendance, and develop ways to recognize volunteers for their efforts, relay questions and concerns from the volunteers to the TRO instructor and/or project director, and any other duties deemed appropriate by her or his supervisor.

**Horse Handler:** A horse handler's first responsibility is to focus on the horse and the horse's comfort level, but at the same time maintaining an awareness of the rider, instructor, sidewalkers and environment is an important component of horse handling. The handler will follow the instructor's directions and guide the horse. A good handler will be aware of just how much or how little assistance to offer the client during the lesson. If an accident occurs, the handler's responsibility is to stay with the horse not with the child. The horse handler will be taught how to work with the horses, including grooming, leading and tacking the horses, including a check of tack prior to leading the horse to the mounting area for a lesson. The equine professional will need to feel comfortable with the horse handler's abilities before being allowed to handle a horse during the lesson.

### **Sidewalker**

The sidewalker works directly with clients, helping to stabilize them in the saddle, helping them with steering and offering assistance when needed. A sidewalkers first concern is always the safety of the rider, and as a sidewalker never leaves the rider unattended. If an accident occurs, the sidewalkers' responsibility is to stay with the client not with the horse. The sidewalker will need some endurance and physical strength. Lesson times are one hour and will require walking and jogging alongside the mounted rider.

### **Client Ambassadors**

These volunteers are responsible for greeting each client upon arrival and fitting him or her with the appropriate helmet. These volunteers introduce the client to their sidewalkers and encourage them to go to the mounting area when the instructor signals for them to be mounted. While the clients are in their lesson, the client ambassadors need to assist with retrieval of equipment that gets dropped or thrown during the lesson.

### **Tack Management**

After checking for good, safe condition, tack needed for each lesson is placed on the third arena rail up from the bottom next to the horse that will use it in that lesson. The volunteer will make sure that the right tack is with the right horse for the correct rider. After the lesson, check tack for good safe condition prior to making sure the tack is returned to the correct spot in the correct tack box. This volunteer will alert the TRO instructor, and MSU professionals to any tack or equipment that is broken or damaged. Duties will also include any deemed appropriate by her or his supervisor.

## How do I sign up for volunteer times?

Lesson sign up sheets for each separate lesson time for each date TRO is in session will be available at the training session, and during the duration of the TRO session. Volunteers will receive a reminder call prior to each date for which they have signed up.

1. Find the dates and times you can participate
2. Write down your name and contact information
3. Be sure to sign up for each separate lesson time you are available

**We will count on you being here if your name is on the sign up sheet**

**All** volunteers whether experienced or not, are trained by the TRO staff. New volunteers are required to complete volunteer training. All volunteers are expected to be on time when scheduled. If a volunteer is unable to be at the scheduled session, please contact the volunteer coordinator or instructor so arrangements can be made for another volunteer to take that session. If you are unable to join us for the lesson times you have signed up for, the number to call if you know prior to 4:00pm on Friday is **862-3586**. If you are unable to let us know until **after** 4:00pm on Friday, please call **(417) 830-6869** on the **Saturday morning** of the lesson times you will miss. Volunteers who are unable to complete their responsibilities or disrupt the sessions may be asked to leave the facility.

## General Emergency Information

Dial 911 in an emergency.

The riding center address is: William Darr Agriculture Center, Missouri State University, 2401 S. Kansas Exp, Springfield, MO 65807

Equipment	Location
Human First Aid Kit	
Equine First Aid Kit	
Fire Extinguisher(s)	
Barn Phone 926-4105	

## Incident Reports

The TRO program director, and NARHA certified instructor are the TRO staff that will determine the severity of any accident, and what course of action needs to be taken for an injured party. In the event of an accident, whether injury results or not, an incident report shall be filled out within 24 hours of the accident. Blank incident reports are kept in the TRO tack box filing cabinet. Incident reports will be kept on file for a minimum of three years following any such occurrence. Please refer to Appendix D to review a sample form.

## **Enrollment Packet**

Enrollment packets are made available for completion during the volunteer training session, and throughout each riding session for new volunteers as well as returning volunteers needing to update information and waivers. The following forms must be completed by each volunteer:

- Volunteer Information

- Confidentiality Agreement

- Authorization for Emergency Medical Treatment

- Consent/Non-Consent Plan

- Liability Release

- Missouri State University Liability Release

- Photo Release

# Therapeutic Riding of the Ozarks

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## Volunteer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

DOB \_\_\_\_\_ T-shirt Size \_\_\_\_\_

How did you learn about TRO? \_\_\_\_\_

Check the area you are interested in:

**Program Volunteer:**

Client Ambassador

Sidewalking

Horse Handler

Stable and Tack Management

**Administration:**

Public Relations

Fundraising

Newsletter

Volunteer Recruitment

Photography/Video

Budget and Finance

Future Planning

# Therapeutic Riding of the Ozarks

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## Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA member center is confidential and will not be shared with anyone without the express written consent of the participant and the parent or legal guardian in case of a minor.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

# Therapeutic Riding of the Ozarks

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Volunteer Staff  
(Please Circle One)

Printed Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

In the event emergency medical aid/treatment is required, I give permission to Therapeutic Riding of the Ozarks and/or the Council of Churches of the Ozarks to secure medical treatment and transportation if needed, and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

# THERAPEUTIC RIDING OF THE OZARKS

an operating agency of Council of Churches of the Ozarks

Participant Volunteer Staff

*(Please Circle One)*

## Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the Emergency Contact Person(s) cannot be reached.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

## Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of providing services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

**THERAPEUTIC RIDING of the OZARKS**  
an operating agency of Council of Churches of the Ozarks

**Liability Release**

**WARNING**

Under Missouri law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri. Section A Chapter 537.325

As a participant/volunteer/staff member of Therapeutic Riding of the Ozarks, an operating agency of Council of Churches of the Ozarks, I acknowledge the risks and potential risks of a horseback riding program. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Therapeutic Riding of the Ozarks, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees, Council of Churches of the Ozarks, and Missouri State University for any and all injuries and/or losses I may sustain while participating in Therapeutic Riding of the Ozarks.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

## Missouri State University/Cheesman Farm Release

### Liability Release

I \_\_\_\_\_ do hereby release and absolve Missouri State University / Cheesman Farm and its employees, representatives and agents from any and all liability due to personal injury and/or property loss or damage, which may occur while participating in activities at the Darr Agricultural Center and Cheesman Farm.

By signing this document, I declare that I have been informed of any risks involved in my participation in said activity. I affirm that I participated in this activity of my own free will.

I also declare that I will take all necessary and/or recommended precautions to insure my own person against physical and/or mental injury and property loss or damage. This includes, but is not limited to, following printed or verbal instructions given by the activity leaders.

I further declare that I assume responsibility for my actions or behaviors that may conflict with accepted standards, University/Cheesman Farm requirements for participation, common sense, or the instructions I receive from activity leaders either before or during said activity.

I do hereby affirm that I am covered under my guardian's medical policy or otherwise have adequate medical insurance.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian if under 18)

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

# THERAPEUTIC RIDING of the OZARKS

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## Photo Release

I do/do not consent to and authorize the use and reproduction by Therapeutic Riding of the Ozarks and/or the Council of Churches of the Ozarks of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian if under 18)

An occurrence is any unusual event. It may or may not result in an injury to a participant, staff member or horse. Any occurrence that results in medical treatment should be phoned into the center's insurance company within 24 hours, whether or not a claim is made. Forms should be filled out the same day, including a narrative of what happened, with signed statements/report from any witnesses or participants in the occurrence. Written forms should be sent to the insurance company, with a copy saved in the center's files.

## THERAPEUTIC RIDING OF THE OZARKS OCCURRENCE REPORT

Name of involved: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

### Information about the Occurrence

Location: \_\_\_\_\_

Situation: \_\_\_\_\_

Witness: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

(Please use additional forms for signed statements from witnesses/additional parties involved)

Description of occurrence:

---

---

---

---

---

---

---

---

Environmental Factors:

---

---

What Injuries were incurred?

---

What treatment was done for injuries?

---

Who was contacted? (indicate time/date, i.e. family, doctors, vets)

\_\_\_\_\_

---

Follow-up calls/contacts:

\_\_\_\_\_

What will be done to prevent this type of occurrence in the future? (this section does not need to be completed prior to sending to the insurance company)

\_\_\_\_\_

In your opinion, will a claim be filed?    Y    N

Signature of person filling out form:

\_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Center: \_\_\_\_\_

Signature of Center Director: \_\_\_\_\_ Date: \_\_\_\_\_