



Report of ARHA Violations

Show Name: _____ Date Of Show _____

City: _____ State: _____

Show Number: _____ Time & Date Incident Occurred: _____

Photographs/Video Available? _____ Yes _____ No

Reported to Show management? _____ Yes _____ No

Exact Location of Incident:

_____ Barn # _____ Stall # _____ Other (Specify in details): _____

Description of Incident: (Be specific, detailed and include names of all individuals and horses involved. Distinguish first hand, personal information from information obtained from other sources):

(Use the back of this form and additional sheets if necessary)

Please verify that you would be willing to testify before the ARHA Executive and/or Ethics Committee concerning this issue. _____ Yes _____ No

Signature: _____ Date: _____

Name: _____ ARHA ID#: _____

City, State, Zip: _____

Phone (Day): _____ Phone (Evening): _____

Email: _____ Fax: _____

If a Grievance is filed, the procedure outlined in the current Rule Book will be followed.

This Form must be accompanied by a check made to ARHA in the amount of \$50.00

Mail to: American Ranch Horse Association, P.O. Box 186, Nancy, KY 42544