



Dutta Incident Report

Basic Information

Owner Name :	Contact Phone Number :
Contact Email :	Temporary Mailing Address :
Permanent Mailing Address :	Passport Number :
Horse Name :	Chip Number :
Horse Name in Barn : (If different than show name)	Breed :
Horse Sex :	Age :
Color :	Shipping Company :
Depart from what airport :	Arriving at what airport :

Incident Information

<p>1. Incident type :</p> <p><input type="checkbox"/> Animal Mortality <input type="checkbox"/> Animal Urgent Care <input type="checkbox"/> Animal Theft <input type="checkbox"/> Lost Equipment <input type="checkbox"/> Extended Quarantine</p>
<p>2. Name of Incident Filer :</p>
<p>3. Date and time of Incident (MM/DD/YYYY), (HH/MM) :</p> <p>Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
<p>4. Describe the Nature of the Incident :</p>

Incident Information (continued)

5. Location of Incident :	
6. Where did the incident take place during the trip? <input type="checkbox"/> Loading <input type="checkbox"/> During Trip <input type="checkbox"/> Unloading <input type="checkbox"/> Layover	
7. Name of Vet that treated the animal : _____	
Phone Number :	Email :
8. Has the owner purchased commercial insurance for the affected horse? <input type="checkbox"/> Y <input type="checkbox"/> N	
9. Did the horse die? <input type="checkbox"/> Y <input type="checkbox"/> N	
10. If the incident is approved, who should the benefit check be made payable to?	
11. If the incident is approved, where should the benefit check be mailed? Street Address : _____ City : _____ State : _____ Zip : _____	

BY INSERTING YOUR NAME IN THE SIGNATURE BLOCK BELOW (YOUR NAME WITH THE /S/ BEFORE IT), YOU CONFIRM YOUR INTENT TO SIGN ELECTRONICALLY. YOU HEREBY VERIFY THAT YOU ARE AGREEING AND CONSENTING TO THE TERMS OF THIS DOCUMENT, ATTESTING AS TO ITS TRUTH AND VERACITY, AND AFFIXING AN ELECTRONIC SIGNATURE BY WHICH YOU INTEND TO BE BOUND.

YOU HAVE THE ABILITY TO OPT OUT OF AN ELECTRONIC SIGNATURE. YOU MAY DOWNLOAD, COMPLETE, SIGN AND RETURN THIS FORM TO US VIA FAX AT 561-493-3313. BY SIGNING THE SIGNATURE BLOCK BELOW, YOU HEREBY VERIFY THAT YOU ARE AGREEING AND CONSENTING TO THE TERMS OF THIS DOCUMENT, ATTESTING AS TO ITS TRUTH AND VERACITY.

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By :	Date :
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