KRC Biosecurity Incident Report

1. Incident Information Event Name:
Date of Incident:
Location on Grounds:
Reported By:
Contact Info:
2. Affected Horse Details Horse Name/ID:
Owner/Handler Name:
Stall Number/Area:
3. Symptoms & Observations Symptoms Observed:
Approximate Time Symptoms First Noticed:
Description of Incident/Observations:
4. Response Actions Taken □ Horse isolated in designated area
□ Vet contacted (Name & Time):
□ Equipment/area disinfected
□ Stall area marked/restricted
□ Contacts logged
□ Event management notified
Additional Notes:

5. Outcome & Follow-Up
Was veterinary clearance obtained? \square Yes \square No
Follow-up Actions Required:
6. Report Completed By
Name:
Date:
Signature: