

# IGRA ANIMAL INJURY REPORT

To: Animal Issues & Concerns Committee From:  
c/o IGRA Arena Director: \_\_\_\_\_  
PO Box 460504  
Aurora CO 80046-0504 Chute Coordinator: \_\_\_\_\_

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

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

Day:  Saturday  Sunday

Owner:  Contestant  Stock Contractor Other: \_\_\_\_\_

Event: \_\_\_\_\_ (If not injured during an event, enter None)

Brief description of injury:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause of injury (if known):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment (seen by the vet, treated by owner, no treatment, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rodeo Director's Signature: \_\_\_\_\_