

**PINTO HORSE ASSOCIATION OF AMERICA, INC.**  
**EYEWITNESS REPORT OF ACT OF ALLEGED ABUSE**



7330 NW 23RD STREET • BETHANY, OK 73008  
(405) 491-0111 • FAX (405) 787-0773  
WWW.PINTO.ORG



Office Use Only

Name of Show: \_\_\_\_\_ Show Dates: \_\_\_\_\_

Location of Show (city and state) : \_\_\_\_\_

Name of Eyewitness: \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Person Accused of Abuse: \_\_\_\_\_

Any Other Information About Accused Person (Address, City, Description of Person): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of Equine Being Abused: \_\_\_\_\_

Date and Time Abuse was Witnessed, How Long Abuse Lasted: \_\_\_\_\_

\_\_\_\_\_

Explain what you Observed as Clearly and Specifically as Possible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Names, Addresses and Phone Numbers, if possible, of any other Witnesses besides Yourself: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Involvement at this competition (Judge, Exhibitor, Official, etc.): \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ PtHA Membership No., if applicable: \_\_\_\_\_