



HORSE CAMP INCIDENT REPORT FORM

Consider printing and keeping copies of this blank form in your truck for your visits to public horse camps

Date: _____ Time: _____ Day of Week: _____

1. How many horse campsites were occupied by parties without stock? ____ Photos taken? Yes or No (circle)

2. State _____ Forest or Park Name _____ Campground name _____

3. Agency managing horse camp: (State, U.S. Forest Service, BLM, National Park Service, Other) Circle one.

4. Is this a Reservation-Only Campground or is the campsite(s) in question available on a First-Come-First-Served basis? (circle the appropriate answer).

5. Is this a fee campground? Yes or No (circle) If Yes, how much is the per night fee? \$ _____

6. BCHA encourages members to notify either the camp host or agency staff of the presence of parties without stock occupying equestrian campsites. Was there a Camp Host on site? Yes or No (circle) If Yes, did you speak to someone locally about this? Yes or No (circle)

7. How many nights did the non-equestrians stay during your observance? ____ (or I left, so don't know)

8. Did the party/parties without stock act in ways that made conditions with your stock animals unsafe? Yes or No (circle). If yes, what actions or activities made you feel unsafe? Examples include unsupervised children climbing corral fences, loud noises like fireworks or revving of ATV engines, etc.

9. How did the presence of the non-equestrian campers affect your visit to the campground?

10. Person reporting: Name _____ Email _____

Phone _____ Zip Code _____

Please attach photographs if possible, copy this completed form, and send to: michellewade@bcha.org