



INCIDENT REPORT

In order to help us fully investigate any incident, please complete as much of this form as possible. The first page is for contact information, and incident details. The second page is for a written description of the incident. You can submit the form via email or postal mail.

Date: _____

YOUR CONTACT INFORMATION

Name: _____

Phone: _____

Address: _____

Email: _____

City: _____

ST: _____ Zip: _____

INCIDENT

When did the incident occur? Date: _____ Time: _____

How many dogs were involved? _____

YOUR DOG

Was your dog involved? _____ YES _____ NO Your dog's name: _____

Breed: _____ Size: _____ SM MED LG Color: _____ Sex: _____

INJURIES

Was any dog injured? _____ YES _____ NO

If YES, please describe injury or injuries: _____

Did the injury require medical treatment? _____ YES _____ NO

If YES, where was the dog taken? _____

Was a person injured? ____ YES ____ NO

If YES, please describe injury or injuries: _____

Did the injury require medical treatment? ____ YES ____ NO

If YES, please provide Dr.'s name & office information: _____

OTHER DOG OWNER

Name of Owner of other dog(s) involved in incident:

Name and/or description of other dog involved in incident

Was there any communication with the other person involved in the incident? YES NO

(i.e.: "I feel like your dog is playing a little too rough with my dog, could you please get him to stop?"

Did you or other person move to another area or leave the Dog Park?

OTHER DETAILS

Were there any witnesses? ____ ____

Name & Phone of Witness

DETAILED DESCRIPTION OF THE INCIDENT:

Signature of person reporting _____