



Pet-Assisted Visitation Volunteer Services, Inc.

Incident Report — date _____

PEOPLE INVOLVED

Injured person: _____

Pet team: _____

Witnesses: _____

LOCATION

Location of the accident: _____

Facility name: _____

Address: _____

Phone: _____

Facility Contact Person: _____

Did incident occur during a pet visit? yes no

How did the incident happen? (include who, what, when, where, why, and how)

Was anyone hurt? yes no

Describe the first aid given and include who administered it:

Did the injured person continue normal activities? yes no

If no, please explain:

Did the injured person require medical treatment? yes no

Did the person need to consult with a doctor? yes no

facility contact's signature

injured person's signature

volunteer's signature

witness' signature

Please return form to: PAWS for People, P.O. Box 9955, Newark, DE 19714