

INCIDENT REPORT

Date _____

Injured person: _____

Pet team: _____

Witnesses: _____

Location of the accident: _____

Facility name: _____

Address: _____

Phone: _____

Facility Contact: _____

Did this incident occur during a pet visit? _____ yes _____ no

How did incident happen? (write answer on back of this form)

Was anyone hurt? _____ yes _____ no

Describe the first aid given and include who administered it:

Did injured person continue normal activities? _____ yes _____ no

If no, please explain:

Did 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 _____

Return form to: PO Box 9955, Newark, DE 19714 • 302-351-5622