

DOG INCIDENT REPORT

OWNER'S NAME _____ **DATE/TIME** _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

PHONE _____ **E-MAIL** _____

BREED _____ **SPECIAL FEATURES** _____

WAS DOG REGISTERED WITH GUEST CHECK IN _____ **YES** _____ **NO**

HAS DOG EVER BITTEN ANYONE IN THE PAST _____ **YES** _____ **NO**

WAS PREVIOUS DOG BITE REPORTED TO AUTHORITIES _____ **YES** _____ **NO**

WHOM WAS IT REPORTED TO _____

DO YOU OWN YOUR HOME _____ **YES** _____ **NO**

WAS DOG ON LEASH WHEN INCIDENT OCCURRED _____ **YES** _____ **NO**

WITNESS TO INCIDENT _____ **ADDRESS** _____

CITY _____ **ST** _____ **ZIP** _____ **PHONE** _____ **RELATED** _____ **YES** _____ **NO**

WHERE/LOCATION OF INCIDENT _____

WAS INJURED PARTY A MINOR _____ **YES** _____ **NO** **AGE OF MINOR** _____

DESCRIPTION OF INCIDENT _____

NAME OF INJURED PERSON _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

TAKEN TO HOSPITAL _____ **YES** _____ **NO** **REFUSED SERVICES** _____ **YES** _____ **NO**

WAS INJURED PERSON A REGISTERED GUEST _____ **YES** _____ **NO**

OWNER SIGNATURE _____

INJURED PARTY SIGNATURE _____