



THE GOOD DOG FOUNDATION
dogs helping humans heal

INCIDENT REPORT FORM

CONTACT INFORMATION

Reported By: _____ Phone Number: _____

Reported To: _____ Phone Number: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____ City/State of incident: _____

Email: _____ Home Phone: _____ Cell Phone: _____

INCIDENT INFORMATION

Please state the facts of Who, What, Where, When, Why and How the incident occurred?

Who was involved? [check all that apply]

- | | | |
|---|---|---|
| <input type="checkbox"/> Good Dog Handler | <input type="checkbox"/> Good Dog Therapy Dog | <input type="checkbox"/> Client/Patient/Student |
| <input type="checkbox"/> Facility Staff | <input type="checkbox"/> Good Dog Trainer | <input type="checkbox"/> Good Dog Staff |
| <input type="checkbox"/> Non-Good Dog Volunteer | <input type="checkbox"/> Non-Good Dog Animal | <input type="checkbox"/> Other: _____ |

Did the incident occur during an approved, scheduled Good Dog facility visit or outreach event? Yes No

Names of person(s) and/or dog(s) involved in incident:

Did incident involve apparent injuries? Yes No If yes, please explain:

Complete the following section *only* if an injury occurred:

Was first aid given? Yes No

If yes, who administered first aid?

Did the person(s) or animal(s) involved in the incident resume his/her/their activities? Yes No If no, please explain:

Was further medical treatment required? Yes No

Did person need to consult with a doctor? Yes No

WITNESS INFORMATION

Name: _____ Name: _____

Phone: _____ Phone: _____

Comments: _____ Comments: _____