Bayshore Companion Dog Club Incident Report

Date of Incident:_____ **Location (Address)**_____

Time of Incident: _____ **Name of Trainer or "In Charge" Person**_____

Type of Incident, Please Check appropriate Category:

_____ Dog Bite ___ Fight or Altercation ___ Personal Injury

___ Canine Injury ___ Auto Accident ___ Other,

Please Describe_____

Names of Person/s DIRECTLY involved and contact information:_____

_____

Please list all witnesses:_____

_____

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_____

Describe in full what you saw took place, including names of all involved. Describe any injuries and what may have caused this event to happen. Please include all comments & quotes that were relevant:

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Signature_____