



DPF Leading Agility, Inc. Incident Report Form

Witness and involved parties of any incident involving contact or bite(s) are asked to submit an incident report form within 24 hours (1 day) of the incident. If the incident occurred at a trial, please request a proper trial form from the trial secretary or trial manager.

Event: _____ Date: _____

Instructor (if applicable): _____

Names of involved parties (please include handler's name if a dog is listed):

Incident Details

Time of Incident: _____

Did the dog make bodily contact with another being? Yes No

Did the dog's teeth make contact with a human? Yes No

Any blood or broken skin on a human? Yes No

Did the human require medical attention? Yes No

Was a human/dog/animal grabbed and shaken? Yes No

Any blood or broken skin on a dog/animal? Yes No

Did the dog/animal require veterinary attention? Yes No

Injuries Sustained (Describe): _____

List Materials Submitted (e.g., photos): _____

Details (add additional pages if needed): _____

Reporter's Name: _____

Reporter's Signature: _____ Date: _____

Permission to Share Human Medical Information: If you are submitting any medical documentation (photos, letters, etc.), please indicate your choice for the sharing of this information with the owner of the dog(s) involved.

I am submitting medical information (photos, letter, etc.) and I give consent to share with the owner(s) of the dog(s) involved.

I am submitting medical information and I DO NOT give consent to share with the owner(s) of the dog(s) involved.

Submit report to dpfleadingagility@gmail.com within 24 hours of the incident.