



INCIDENT REPORT

DATE: _____ DAY: _____ TIME: _____

PET CARE PROVIDER(S) INVOLVED

LOCATION DURING INCIDENT

Filing Report: _____

Witnessed: _____

Witnessed: _____

DOGS INVOLVED:

| First & Last Name | Breed | Age | Role |
|-------------------|-------|-----|--|
| | | | <input type="checkbox"/> Instigator <input type="checkbox"/> Victim <input type="checkbox"/> Participant |
| | | | <input type="checkbox"/> Instigator <input type="checkbox"/> Victim <input type="checkbox"/> Participant |
| | | | <input type="checkbox"/> Instigator <input type="checkbox"/> Victim <input type="checkbox"/> Participant |
| | | | <input type="checkbox"/> Instigator <input type="checkbox"/> Victim <input type="checkbox"/> Participant |

TYPE OF INCIDENT:

Inappropriate Behavior
(Complete next section)

Dog to Dog Aggression/Fight
(Skip next section)

Dog to Human Aggression
(Skip next section)

INAPPROPRIATE BEHAVIOR: (Only complete for instigator dog when this type of Incident was selected)

| | | |
|---|---|--|
| Snark (one dog vocalizing inappropriately to another) | Growling (inappropriate) | Resource Guarding (human, toys, space) |
| Tiff (two dogs vocalize at each other) | Humping | Stalking |
| Scuffle (two dogs vocalize w/ body movements) | Inappropriate correction | Other: |
| Bullying | Pestering (nipping at feet, hindquarters) | |

DESCRIPTION OF INCIDENT:

WHO or WHAT caused the incident to happen?



Was there any previous warning of a pending problem? Explain in detail.

| Dog Name | Dog Location During Incident | What was dog doing during incident? | Action taken with dog after incident. |
|----------|------------------------------|-------------------------------------|--|
| | | | <input type="checkbox"/> Time Out <input type="checkbox"/> Rotate Dogs <input type="checkbox"/> Moved floors <input type="checkbox"/> Isolation |
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| | | | <input type="checkbox"/> Time Out <input type="checkbox"/> Rotate Dogs <input type="checkbox"/> Moved floors <input type="checkbox"/> Isolation |

STAFF INJURIES INCURRED: Yes No Description: _____
 FORM OF TREATMENT: First Aid Medical Treatment

DOG INJURIES INCURRED: Yes No Dog Name: _____ Description: _____
 FORM OF TREATMENT: First Aid Veterinary Treatment

MANAGEMENT FEEDBACK: _____

 Signature: Manager Filing Report

Client copies to: _____