

Incident Report Form

This form must be filled out if any incident occurs during a visit. An incident could be bites, scratches, sickness (animal or human), injury (animal or human), or any other unusual occurrence.

Insurance Claim: Yes No WAGS only: Yes No

Date _____ Time _____

Location _____

Address _____

City _____ State _____ Zip _____

Contact _____ Phone _____

Your Name _____ Phone _____

Animal Name _____ Species _____

Describe what happened in as much detail as possible.

Was anyone injured? Yes No If so, provide contact information.

Name _____ Phone _____

Address _____

Was First Aid Given? Yes No If so, by who? _____

Describe the first aid given:

Was further medical treatment required? Yes No If so, please explain:

Was there any property damage? Yes No If so, please explain:

Witness Information: Please provide contact information for any witness.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

WAGS Member Signature

Facility Contact Signature

Please return this form to :

WAGS Pet Therapy of Kentucky, PO Box 91436, Louisville, KY 40291