WAGS FOR HOPE

INCIDENT REPORT FORM

Date of Incident:	Time:
Place of Incident:	Contact Name:
Address:	City:
State/Zip:	Phone Number:
Reported By:	Phone Number:
Reported To:	Phone Number:

How did the incident happen? (Who, What, Where, When, Why, How)

Witness(es)	
Name:	Name:
Phone:	Phone:
Comments:	Comments:

Who was involved?	☐ Volunteer/Person	☐ Client
	☐ Animal	☐ Staff
Did incident occur during a visit?	☐ Yes	☐ No

Volunteer's Name:	ID# (If Applicable):
Address:	City:
State:	Zip Code:
Phone:	Email:
Animal's Name: Species:	Breed:

Name of person(s) involved in incident:		
Did incident involve apparent injuries?	☐ Yes	☐ No
Complete the following section *only* if an injury occurred.		
Was first aid given?:		
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

RN or MD Evaluation (if available):

Please describe injury:
Will further medical treatment be required?
RN or MD Signature Date

Name of Volunteer (Printed)	Signature	Date

Name of Person Involved in Incident (Printed)	Signature	Date
Address of Person Involved in Incident	Phone Number	

Name of Witness #1 to Incident (Printed)	Signature	Date
Name of Witness #2 to Incident (Printed)	Signature	Date

Name of Facility Supervisor (Printed)	Signature	Date

Please return this form to:

For Wags For Hope Office Use Only
Date
Action Taken: