

## INCIDENT REPORT


**Use this form to document any injury to a person or dog or damage to property at your Event**


This Must Be Completed Within 24 Hours After The Incident Report Being Completed

- If this incident involves conduct prejudicial or if a dog is seriously injured or dies the matter **must also** be handled as provided by *Dealing With Misconduct at American Kennel Club Events*.
- If this incident involves an act of dog aggression the matter **must also** be handled as provided by the AKC Rules, Regulations or Procedures for each event type to determine whether or not in the opinion of the Event Committee the dog attacked a person or dog resulting in an injury and the Event Committee believes the dog to be a hazard to persons or other dogs. Please complete *Dog Disqualified by Event Committee* form to document the incident.
- If you have any questions with respect to AKC Rules, Regulations and policies, please call the AKC at 919-816-3579 and on the weekends at the hotline number 800-252-7894.
- AKC Rules and Regulations are available at [www.akc.org/rules/](http://www.akc.org/rules/) and Downloadable Forms are available at [www.akc.org/downloadable-forms/](http://www.akc.org/downloadable-forms/)

<b>WHO?</b>	Name of injured person:		
	Address:	Phone #	
	Email Address:		
	<input type="checkbox"/> Exhibitor <input type="checkbox"/> Spectator <input type="checkbox"/> Judge <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (specify) <input type="checkbox"/> Minor <input type="checkbox"/> Age ____   Guardian Information _____		
<b>DOG?</b>	Registration Number	Registered Name	
	<input type="checkbox"/> Not Registered	Identifying Information if not registered	
	Vaccination Info Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Why not	
	Name of person in control of dog:		
	Address	Phone #	
	Email Address		
<b>WHEN? WHERE?</b>	Incident date:	Time:	Location:
	Event #	Event Type:	Club Name:
<b>WHAT HAPPENED?</b> (Try to answer as many of the questions as possible. Get Witness Statements and Attach)	What was the person doing – Why did he/she get hurt? Or when dog was injured? Or property damaged?		
	What hurt them? What part of body? What sort of injury? What sort of property damage?		

Witnesses? List Name, address, phone number and email address			
Name	Address	Phone Number	Email

<b>WHAT RESULTED? Person</b>	Current Disposition	Yes	No	Body Part Injured			Type of Injury
	Sent to Hospital			<input type="checkbox"/> Left	<input type="checkbox"/> Right		<input type="checkbox"/> Laceration <input type="checkbox"/> Abrasion <input type="checkbox"/> Puncture <input type="checkbox"/> Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Strain-Sprain <input type="checkbox"/> Amputation <input type="checkbox"/> Foreign Body <input type="checkbox"/> Hernia <input type="checkbox"/> Contusion
	First Aid			<input type="checkbox"/> Eye			
	EMS			<input type="checkbox"/> Head			
	EMS Name: _____			<input type="checkbox"/> Chest			
			<input type="checkbox"/> Back				
			<input type="checkbox"/> Abdomen				
			<input type="checkbox"/> Arm				
			<input type="checkbox"/> Hand-Finger				
			<input type="checkbox"/> Leg				
			<input type="checkbox"/> Foot-Toe				
			<input type="checkbox"/> Respiratory				
			<input type="checkbox"/>				
	Hospital: _____						

<b>WHAT RESULTED? Dog</b>	Current Disposition	Yes	No	Body Part Injured			Type of Injury
	Sent to Veterinary Hospital			<input type="checkbox"/> Left	<input type="checkbox"/> Right		<input type="checkbox"/> Laceration <input type="checkbox"/> Abrasion <input type="checkbox"/> Puncture
	First Aid			<input type="checkbox"/> Eye			
	Seen by Event Veterinarian			<input type="checkbox"/> Head			
	Event Veterinarian name _____			<input type="checkbox"/> Body			
	Veterinarian Hospital _____			<input type="checkbox"/> Leg			

<b>WHO? (will correct)</b>	Any corrections of unsafe condition(s), procedures or acts need addressing? If yes who will address?	
	Sign: _____	Completion date: _____

<b>WHO? (Completed Form)</b>	Sign: _____	Date: _____
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Reviewed by: _____	Reviewed and approved by: _____
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**NOTES**