



Incident Report

Today's Date:

****All injuries and/or acts of aggression or potential aggression are to be reported to Dr. Nikki Brown at 517-712-8066 no more than 24 hours from the time of the incident. This form is to be filed within 48 hours of the incident****

Canine Name:

When did incident¹ occur? Include date and time.

Where did incident occur?

Were other canines involved? YES NO

Were any non-canine animals involved? YES NO

Identify the other animals:

Were they challenging or aggressive?

If behavioral incident- Were people involved? Adults or children? Give details. What were they wearing? Dark clothes, glasses, hat, beard?

Was the C4C dog or any other dog taken to the vet? YES NO

Please give specific details:

Which vet?

What was the bill?

What treatment was given?

Did anyone/will anyone have to see a doctor? YES NO

Please describe any injuries (to dogs, non-canine animals, or people):

Which C4C trainer did you contact?

When did you contact the C4C representative?

What did the C4C representative tell you to do?

Explain the incident in detail:

By signing I agree that everything is true and accurate to the best of my knowledge

Signature: _____ Date: _____

Please turn in this paper copy to Nikki Brown or scan and email report to nikki.brown@caninesforchange.org

¹ Incidents include: separation anxiety, dog fights, biting or growling, barking, whining, property destruction, cage or resource guarding