# Incident Report Form

St. John Ambulance Therapy Dogs  Type of Incident _____

| Resident Injured | Volunteer Injured | Dog Injured | Property Damage | Other |
|---|---|---|---|---|

| Therapy Dog Members Name | Division Name | Div No. |
|---|---|---|

| Address | Phone | Divisional Therapy Dog Coordinator |
|---|---|---|

| Dog's Name | Breed | Sex | Age |
|---|---|---|---|

## Particulars of Incident

| Date | | Name of Institution | Was Institution advised? Yes/No<br>Date<br>Time<br>Who |
|---|---|---|---|
| Time | | | |
| Injury | | Institution Address | Medical assistance provided ?<br>Date<br>Time<br>Who<br>Provide details below |
| Property Damaged | | Institution Phone | |

| Name of Injured Party | Address Of Injured Party | Phone | Sex | Age |
|---|---|---|---|---|
| | | | | |

Describe what happened. (Use more than one form if necessary)

Therapy Dog Member Signature

| Witnesses | Name/Position | Address | Phone |
|---|---|---|---|
| Witness No. 1 | | | |
| Witness No. 2 | | | |
| Witness No. 3 | | | |

Distribution:

Original – Divisional Coordinator/Assistant Coordinator

Copies: Provincial Coordinator
Area Coordinator
Therapy Dog Member
Provincial HQ