Therapy Dog Visit Incident Report

Date of incident: _____

Location of incident: _____

_____

Dog(s) involved: _____ Handler(s): _____

Was dog/handler asked to leave visit? ☐ Yes ☐ No

Type of incident: ☐ Aggression ☐ Lunging ☐ Barking / Growling
☐ Jumping ☐ Scratch ☐ Bite ☐ Trip and fall
☐ Other _____

Details of Incident:

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Signature of Handler Signature of Team Leader/Witness