



Volunteer Report of Accident/Injury

The volunteer must complete this report as soon as possible following an accident/injury. This report must be provided to and signed by the supervisor within 24 hours of the accident/injury.

Name of Volunteer: _____ Name of Foster Dog: _____
 Date of Incident: _____ Time of Incident: (AM/PM): _____

Who was injured in the incident? Self Another Person Foster Dog Another Pet
 Where exactly did the injury/accident happen?

 What were you doing at the time?

 Describe in detail the events and circumstances that led to the injury.

 What could have been done to prevent this injury?

 What was the injury sustained? *(Please complete for each injury and clarify who sustained the injury.)*
 Self Another Person Foster Dog Another Pet

 Self Another Person Foster Dog Another Pet

 Self Another Person Foster Dog Another Pet

 Self Another Person Foster Dog Another Pet

 Was a Doctor seen for this injury? Yes No Was a Vet seen for this injury? Yes No
 Date and time of visit: _____ Date and time of visit: _____
 Doctor's/Clinic's Name _____ Vet's/Clinic's Name: _____
 Doctor's Phone: _____ Vet's Phone: _____
 If a physician was not seen, was any first aid rendered? Yes No
 If yes, by whom? _____
 Please list any witnesses: _____

By signing you are acknowledging the information in this report is truthful and accurate:
 Signature of Volunteer: _____ Date Signed: _____