**A logo of a heart with a paw print

Description automatically generated My Caring Paws**

**Incident / Accident Report**

***A Component Fund of the Community Foundation of Carroll County***

**Should an INCIDENT occur please call a My Caring Paws leader right away, to work with you, contact Georgeanne Trummert #443-604-9734 first, if she is unavailable, call Debbie Maggitti, #410-259-4129 and finally call Laura McClelland as final option.**

***Person Filing the Report/title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (First / Last)** | | **Phone** | | **Email** | |
| **Date of Incident** | **Time of day** | | | **Dog Name** | |
| **Name of the Facility** | **Facility Address** | | | **Facility City, State** | |
| **Facility Contact(s)** | | | | | **Facility Phone number** |
| **Accident/Incident being Reported – *please include details of what lead up to the problem, who was present, what the issue was exactly, what the outcome of the event was, what animal(s) or people were involved, who was notified at the facility, were there pictures taken and what was the course of action immediately. Use additional pages as needed.*** | | | | | |
| **Witness Name** | | | **Witness #2 Name** | | |
| **Witness Email** | | | **Witness #2 Email** | | |
| **Witness Phone** | | | **Witness #2 Phone** | | |

If someone other than the Handler is filling out the form, he/she will be provided with a copy of what exactly was reported. The leaders of My Caring Paws will thoroughly investigate as needed to determine the best course of action.

**Form 15-2023**