



HOPE AACR MEMBER INCIDENT REPORTING DOCUMENT

Use this form for a non-member witness to report an incident that involves a HOPE member with a canine. All forms should be submitted to the HOPE Regional Manager.

Witness Name _____

Home Phone # _____ Cell # _____

Mailing Address _____

Email Address _____ Best times to contact you _____

WHO / Please indicate those involved in the incident. Use additional sheets as needed.

HOPE Handler _____ HOPE Canine _____

HOPE Handler _____ HOPE Canine _____

Other _____ Phone _____

Other's role at incident: _____

WHERE / Deployment or Event Address _____

WHEN / Date & Time of Incident _____

WHAT / Please provide a detailed, factual, step-by-step description of the incident.

NOTE: HOPE members and dogs involved in an Incident are placed on inactive status immediately. They must cease any current HOPE activities, including visits, deployments, workshops, events, and presentations, while the Incident is reviewed.



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COMPLETE THIS SECTION IF AN INJURY OCCURRED AND WITNESS WAS INVOLVED

Name of injured _____ Human Canine

Address of injured _____

Phone _____ Email _____

Description of injury _____

Was First Aid Given? Yes No If yes, by whom? _____

Did anyone need to consult doctor/veterinarian? Yes No

Medical Professional _____

Will further medical treatment be required Yes No

Any additional details _____

This form should be delivered to the Regional Manager as quickly as possible (no more than 48 hours). If you have any questions, please contact the Regional Manager. (hopeacr.org)

HOPE AACR will make every effort to promptly get a report from all parties involved as appropriate. HOPE AACR will investigate and determine a course of action.

Please allow 2-4 weeks for completion of the process, possibly longer depending upon complexity of the incident and number of parties involved. (Time zone differences can play a part in the length of time it takes to complete the process.)

For HOPE AACR Office use Only

Date HOPE AACR Received Report _____ Date Report Filed _____