

Incident Report

Space Coast Therapy Dogs, Inc.

*****Call President Immediately*****

Please Print Information

Witness or Person completing this form.....

Date.....Time.....

Location or Event.....

Name/Title of person at location to whom incident was reported.....

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SCTD Coordinator.....T/O.....

Handler(s) involved.....

Dog(s) involved.....

Details of Incident.....

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X _____
Signature of person submitting report

**Mail immediately to: SCTD, Attention: President,
P.O. Box 542653, Merritt Island, FL 32954-2653**