

WILLAMETTE AGILITY GROUP ACCIDENT/DOG BITE REPORT

Injured Person

Name: _____
Address: _____
Phone/email _____

Dog Owner

Name: _____
Address: _____
Phone/email _____
Dog's name/ID/Rabies Numbers: _____
Homeowner's Insurance Carrier: _____

Description of Incident

WAG Member Completing Form

Name: _____
Address: _____
Phone/email _____
Disposition of this Form: _____
Comments: _____

An injured person should report the incident to their insurance company. An owner of a dog involved in a dog bite incident should report the incident to their insurance company.

In case of an injury at an event, please complete this form and give it to the trial/demo chair. The insurance provider for Willamette Agility Group is Mourer-Foster, Inc, 615 North Capital Avenue, Lansing, MI 48933. (Phone 1-800-686-2663.)