

# Greenville Area Dog Club

940 Front Street  
Greenville, Ohio 45331

## Accident Report

### Personal Information

Full Name:				Date: (MM/DD/YYYY)
Street Address:	City:	State:	Zip Code:	
Primary Phone:	Secondary Phone:			
Birthday: (MM/DD/YYYY)	Age: _____	Years Old	Gender: Male	Female

**If Under The Age of 18 List Parent/Legal Guardian Information Below.**

Full Name:				Relationship:
Street Address:	City:	State:	Zip Code:	
Primary Phone:	Secondary Phone:			

### Club Status

**Check All That Apply**

Club Officer   Board Member   Club Member   Volunteer Instructor   Key Holder   Club Client   Guest

### Accident Location and Time

Accident Date: (MM/DD/YYYY)	Accident Time:						
Outside Buildings	Inside Building 1	Ring 1	Ring 2	Other	Building 2	Ring 1	Storage Area

### Type of Accident

\* Dog Bite   Pinch   Burn   Trip   Fall   Cut   Struck By Object   Other

Explain Other:

Describe Accident:

### Injury Response

EMS Response   Emergency Room   Family Doctor   First Aid   No Treatment   Other \_\_\_\_\_

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### *Injury Description*

Describe Injury:

### *Injury Treatment*

No Treatment    Cleaned    Wrapped    Sutures    Injections    Set and Cast    Hospitalization    Other

Describe Treatment:

### *Witness Statement*

Full Name:

Date: (MM/DD/YYYY)

Street Address:

City:

State:

Zip Code:

Primary Phone:

Secondary Phone:

Describe Accident:

