



1(800) 516-5751

Dog Bite Incident Form

INCIDENT INFORMATION

Exact Date of Accident: _____ Time: _____ City: _____

Exact Location: _____

DOG OWNER'S INFORMATION

Name: _____ Phone No.: _____

Address: _____

Dog's Breed: _____ Color: _____

Dog Owner's Home Insurance: _____

Phone No.: _____ Adjuster Name: _____

Address: _____

Claim/Policy No.: _____

MY INFORMATION

Witness 's Name #1: _____ Phone No.: _____

Address: _____

Witness 's Name #2: _____ Phone No.: _____

Address: _____

Animal Control Called? Yes () No ()

Department: _____ Phone No.: _____

Report No.: _____ Animal Control Officer's Name: _____