



RocDog Visit Incident Report

Handler Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____

Cell Phone Number: _____ Email Address: _____

Dog Name: _____ Breed: _____ Age: _____ Sex: _____

Approximately how many visits has your dog made without issue? _____

Facility Name: _____

Facility Address: _____

Facility Supervisor: _____

If this incident is a bite, end this visit immediately. Describe what happened:

Handler Signature: _____ Date: _____

Facility Signature: _____ Date: _____

Immediately call 585-978-0970. Within 24 hours, send this report to Members@RocDog.org for review. Do not go on any visits until you hear the results of the review.