



White Swiss Shepherd
Dog Club of Australia inc.

White Swiss Shepherd Dog Club of Australia Inc

A0043538A

INCIDENT FORM

P.O. BOX 240 Acacia Ridge, QLD 4110

NAME of injured party

POSTAL ADDRESS..... **STATE**

EMAIL.....**PHONE**.....

DATE:.....**TIME**

Summary of Incident -

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Body part affected or Damages caused -

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Summary of Treatment Received-

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WITNESS STATEMENT

Details:

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SIGN Date

PRINT

Comments- such as, was ambulance or police required, were dogs involved if so name, rego numbers , condition of dogs if any remedial action taken

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WSSDCA Events Details (to be completed by WSSDCA representative)-

Event type

Location **Date**

OFFICAL USE

Name & Signature of WSSDCA Representative-

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Date.....