Hannah More Dog Park / Reisterstown Recreation Council

Bite Incident Report

Instructions

All reports must be made within 24 hours of the incident. Please be as thorough as possible. This information is required by the community office to make note of the incident. Further documentation can be submitted after the incident is received by the office.

If more than one dog and/or human sustained injuries, please complete multiple copies of this form and submit together.

Complete Section A identifying the date/time and location of the incident.

Complete Section B for the recipient of the bite ("Injured Parties"). If more than one canine and human were injured, provide additional information as an attachment.

Complete Section C with details about the injury ("Injuries Sustained"). Include pictures of the injuries – both close up for details and wide angle for placement on the animal– with the submitted report.

Complete Section D with any follow-up treatment. If the animal was treated by a

veterinarian, include accompanying information about treatment and payment. If the human was seen by a medical professional, provide contact and payment information.

Complete Section E with as much information as possible about the aggressor, including information about the owner/handler

Complete Section F with the names and contact information of witnesses to the injury.

Email the completed copy of this form to barcpark-president@reisterstownrec.com.

	Section A:	Location		
Reporter		Phone		
		_	Park	Large Park
Date	Time		(Select one)	Small Park

	Section B: Injured Parties		
	Canine		
Complete	e this section with details about the dog who was bitten. If no dogs were bitter	n, skip this	portion.
Name	Breed	_ Size	(lbs)
Owner	Handler (if not owner)		
	Human		
Complete thi	is section with details about the human who was bitten. If no humans were bi	tten, skip t	this portion.
Name	Phone		

Section C: Injuries Sustained							
Was Blood Vi	isible?	Canine:	🗆 Yes	□ No	Human:	🗆 Yes	□ No
Description							
of Injuries (Canine)							
Description of Injuries (Human)							

	Section D: Treatment			
	Canine			
Was the bite treated by a ve	eterinarian hospital?	🗆 Yes	□ No	
Facility				
Name	Phone			
Vet Name	Cost of Visit			
Human				
Was the bite treated by a m	edical professional?	🗆 Yes	□ No	
Facility				
Name	Phone			
Doctor	Cost of Visit			

	Section E: Aggressor
Name (Canine)	
Owner/Handler	
Phone	Email
Vehicle Identification	

Section F: Witnesses				
	Witness			
Name	Phone			
Email	Vehicle			
	Witness			
Name	Phone			
Email	Vehicle			
Witness				
Name	Phone			
Email	Vehicle			

Helpful Hints

- If you cannot get the requested contact information for all parties, attempt to get the license plate, make & model of the vehicle.
- Ask others around the area if they know the person if you cannot obtain any information.
- Best way to avoid incident is to be aware of your pet's warning signs.
- As an owner you are required to have your leash close by you to remove your dog from a situation.
- Please be aware if your dog is using the incorrect park for their size, this can increase aggression.
- If you have to physically intervene to separate the dogs, it is recommended to grab and lift your pet from the hind legs off the ground. This will reduce additional bites.

For Office Use Only; Distribution

- Community Office: 1 × Copy
- Area Coordinator: Original + 2 × Copies for Chief of Recreation Services