

## Incidents whilst representing Pets As Therapy

In the unlikely event that you and your **PAT Dog or PAT Cat** are involved in even a minor incident Pets As Therapy require that a report should be completed and returned to the *Registration Office* as soon as possible. Please describe the incident as fully as you can and include the time, date, and who else was present and any action taken by the establishment. This is for our records and without prejudice. Please describe the incident on reverse of the form. Please sign and date form.

### INCIDENT REPORT - whilst representing Pets As Therapy

Volunteers Details		
Title:	First name:	Surname:
I.D. Number.		Address:
Address:		
Town:	County:	
Postcode:	Name of :	
Email address	Phone Number:	

Establishment Details	Block Capitals please
Establishment Name:	Title:
First Name:	Surname:
Address:	
Town:	County:
Postcode:	Position of Authority:
Establishment Phone Number:	Date of Incident:

**PTO**

Pets As Therapy, Clare Charity Centre, Wycombe Road, Saunderton, High Wycombe. HP14 4BF

Please give full details of the incident:

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Volunteer's Signature:

Date: