



CADPA Incident Report

Day _____ Date _____ Time _____ AM / PM

Board member(s) present _____

Parties involved:

Owner _____ Dog _____

Owner _____ Dog _____

Owner _____ Dog _____

Owner _____ Dog _____

Were there any injuries? YES NO

If yes, who was injured? _____

Please write a brief description of what you saw happen and any action taken.

Please return this form to PO Box 1016, Carlisle, PA 17013 or call us at 717-609-5433