

AUSTRALIAN SHEPHERD CLUB OF AMERICA

6091 E State Hwy 21, Bryan, TX 77801 P: (979) 778-1082

F: (979) 778-1898

www.asca.org

Office Contact: manager@asca.org

Board Contact: asca.execsec@gmail.com

Dog Aggression Incident Report Form

The Affiliate or its Show/Trial Committee must perform an investigation of any incident in which a dog has injured a person or another dog, whether it occurred in the ring/trial arena or on the show/trial grounds.

person or another dog, whe	ther it occurred in the rir	ig/trial arena or on the sh	ow/trial grounds.		
Name of Affiliate		D	Date of Event		
Location of Event	Where on the	show/trial grounds did t	he incident occur?		
Me	mbers of Investigat	ing Committee			
Name	Phone #	Email			
Name	Discuss #	F			
Name	Phone #	Email			
Name	Phone #	Email			
Name	Phone #	Email			
Information on Offending Dog:		☐ Evcused	or Disqualified		
Registered Name of Dog			ASCA Registration #		
30			-0		
	DI "	l = "			
Name of Dog's Owner	Phone #	Email			
Written Statement from Dog's Owner (Attach additional pages if more space is needed.)					
ASCA Member ID# (if applicable)	Signature Below				

Information on ☐ Dog or ☐ Person That Was Attacked:		☐ Injuries or ☐ No Injuries	
Registered Name of Dog			ASCA Registration #
Name of Dog's Owner	Phone #	Email	
OR .			
Name of Person	Phone #	Email	
Was veterinary or medical attention received of YES, written statement from attending verifice as soon as possible, preferably included written Statement from Attacked	reterinarian or medical profess ded with the incident report.		
space is needed.)	Telson of the owner of Act	denca Dog (Attach a	darional pages il more
ASCA Member ID# (if applicable)	Signature Below		
Witness Statements:			
Name of Witness #1	Phone #	Email	
Traine of writiess #1	T HONC II		
Written Statement (Attach additional pa	ages if more space is needed.)		
ASCA Member ID# (if applicable)	Signature Below		
Name of Witness #2	Phone #	Email	
Written Statement (Attach additional pa	ages if more space is needed.)		
ASCA Member ID# (if applicable)	Signature Below		

Name of Witness #3	Phone #	Email			
Written Statement (Attach additional pages if more space is needed.)					
ASCA Member ID# (if applicable)	Signature Below				
· · · · · · · · · · · · · · · · · · ·					
Name of Witness #4	Phone #	Email			
Name of withess #4	riiolie #	Lillaii			
Written Statement (Attach additional page	s if more space is needed.)				
ASCA Member ID# (if applicable)	Signature Below				
Investigation Findings:					
Summary of the Investigation					
Recommendation from Investigating Committee					
Date of the Affiliate's Recommendation	Date the Ow	ner of the Offending Dog was Notified of the			
	Affiliate's Recommendation: ☐ Written or ☐ Verbal				
Checklist of items that MUST be sent to the ASCA Business Office: The ASCA Board of Directors					

Checklist of items that MUST be sent to the ASCA Business Office:

☐ This filled-out investigation report worksheet and any additional pages \square The entry form for any dog which has been disqualified or excused ☐ The "Explanation Form for Disqualified or Excused Dogs" ☐ Supporting photos of the offending dog (for identification purposes) ☐ Any other supporting photos (including those of any wounds)

will either validate or reverse the Affiliate's decision, basing its action on the details of the investigation and a recommendation from **ASCA's Counsel.**