

AUSTRALIAN FLYBALL ASSOCIATION INC. INCIDENT REPORT FORM

Competition **Date**

Host Club **Judge**

Competitors Details:

Name

CRN **Dogs Name**

Race Division **Race No.** **Heat No.**.....

Type of Incident

Crossing Interference Suspected Aggression Aggression

Other

Action Taken

Injury

Human Dog None

(If Human or Dog Injury please complete additional Injury Form)

AFA Rep. Advised Yes No **Host Club advised** Yes No

Description of Incident

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.....

Judges Signature..... **Date**

(This report form must be forwarded to AFA Secretary within 48 hours of Incident or handed to the AFA Representative on the day of the Incident)

(One Incident form per dog per competition for Interference Only – either one, two or three offences)

Particulars of Human Injury

Name:																																															
Age	Sex:	Mem#:																																													
Nature of injury: <input type="checkbox"/> Sprains/Strains <input type="checkbox"/> Contusion (Bruise) <input type="checkbox"/> Concussion <input type="checkbox"/> Abrasion/Open wound <input type="checkbox"/> Amputation <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocations <input type="checkbox"/> Burns/scold <input type="checkbox"/> Exposure to elements <input type="checkbox"/> Psychological disorder/Stress <input type="checkbox"/> Object in eye <input type="checkbox"/> Other.....																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Part/s of body injured</th> <th style="width: 25%;">Side of Body</th> <th style="width: 25%;">Region</th> <th style="width: 25%;">Internal or External Injury</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Internal</td> <td><input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> External</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Face</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> <td><input type="checkbox"/> Ear <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Jaw</td> <td><input type="checkbox"/> Internal <input type="checkbox"/> External</td> </tr> <tr> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Left <input type="checkbox"/> Right</td> 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First Aid and Medical Treatment

Did you require any medical treatment? <input type="checkbox"/> First Aid Only <input type="checkbox"/> General Practitioner Consulted <input type="checkbox"/> Hospital Emergency/Out-patient <input type="checkbox"/> Hospital In-Patient <input type="checkbox"/> Other, please specify:
First Aid treatment provided by, Name: Address:
Details of treatment:

Name of person making entry:
Signature: Date:

Particulars of Dog Injury (if more than 1 dog injured print this page again)

Dogs Name:		Breed:	
Age	Sex:	Crn:	
Nature of injury: <input type="checkbox"/> Sprains/Strains <input type="checkbox"/> Contusion (Bruise) <input type="checkbox"/> Concussion <input type="checkbox"/> Abrasion/Open wound <input type="checkbox"/> Amputation <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocations <input type="checkbox"/> Object in eye <input type="checkbox"/> Puncture <input type="checkbox"/> Other.....			
Part/s of body injured	Side of Body	Region	Internal or External Injury
<input type="checkbox"/> Head	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Ear <input type="checkbox"/> Back <input type="checkbox"/> Front	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Muzzle	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Jaw	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Eye	<input type="checkbox"/> Left <input type="checkbox"/> Right		<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Torso	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Back	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Rear Legs	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Paws	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Pad <input type="checkbox"/> Claw	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Front Legs	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Tail			<input type="checkbox"/> Internal <input type="checkbox"/> External

First Aid and Veterinary Treatment

Did the dog require any veterinary treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> First Aid Only
<input type="checkbox"/> Name of Veterinary Clinic/ Hospital & Veterinarian:
<input type="checkbox"/> Other, please specify:
First Aid treatment provided by, Name:
Address:
Details of treatment:

Name of person making entry:
Signature: _____ Date: _____

Additional information has been attached **NO** **YES**, Number of pages attached:.....

Please attach any additional information you have not already included:

Note: All documentation must be received by the AFA Secretary within 48 hours of the completion of the competition or demonstration.