

# Lost Dog Incident Documentation Forms

Complete documentation system for professional dog walkers to record lost dog incidents. These forms provide legal protection, support insurance claims, and improve future prevention strategies.

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## FORM 1: INITIAL INCIDENT REPORT

**INCIDENT DETAILS** Report Number: LD- \_\_\_\_\_

Date: \_\_\_\_\_ Time Incident Occurred: \_\_\_\_\_

Time Report Completed: \_\_\_\_\_

Reporting Person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company: \_\_\_\_\_

**LOCATION INFORMATION** Exact Address/Location: \_\_\_\_\_

GPS Coordinates: \_\_\_\_\_

Nearest Cross Streets: \_\_\_\_\_

**Location Type:** ☐ Park ☐ Street ☐ Trail ☐ Residential ☐ Commercial ☐ Other: \_\_\_\_\_

**Weather Conditions:** \_\_\_\_\_

**Temperature:** \_\_\_\_ °F **Visibility:** \_\_\_\_\_

**PET INFORMATION** Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_ Weight: \_\_\_\_ lbs Color/Markings: \_\_\_\_\_

**Microchip:** ☐ Yes ☐ No ☐ Unknown **Chip #:** \_\_\_\_\_

**Collar/Tags:** ☐ Yes ☐ No **Description:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Behavioral Notes:** \_\_\_\_\_

**Recent Photo Available:** ☐ Yes ☐ No

**CLIENT INFORMATION** Owner Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Vet Phone: \_\_\_\_\_

**INCIDENT DESCRIPTION** How did the pet escape?

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**What were you doing when the incident occurred?**

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**Were other pets involved?** ☐ Yes ☐ No

**If yes, describe:** \_\_\_\_\_

**Equipment involved:** ☐ Leash ☐ Collar ☐ Harness ☐ Other: \_\_\_\_\_

**Equipment condition:** ☐ Normal ☐ Damaged ☐ Failed

**Equipment failure details:** \_\_\_\_\_

**IMMEDIATE RESPONSE ACTIONS** ☐ Secured other pets **Time:** \_\_\_\_\_

☐ Marked GPS location **Time:** \_\_\_\_\_

☐ Called pet's name **Time:** \_\_\_\_\_

☐ Searched immediate area **Time:** \_\_\_\_\_

☐ Contacted pet owner **Time:** \_\_\_\_\_

☐ Contacted company supervisor **Time:** \_\_\_\_\_

☐ Contacted animal control **Time:** \_\_\_\_\_

☐ Other: \_\_\_\_\_ **Time:** \_\_\_\_\_

**WITNESSES Witness 1:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Statement:** \_\_\_\_\_

**Witness 2:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Statement:** \_\_\_\_\_

**PHOTOS/EVIDENCE** ☐ Incident scene photographed

☐ Equipment photographed

☐ Pet's last known location marked

☐ Escape route documented

☐ Other evidence: \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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## **FORM 2: SEARCH EFFORT LOG**

**SEARCH SESSION RECORD Report Number:** LD-\_\_\_\_\_

**Search Session #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Search Coordinator:** \_\_\_\_\_

**SEARCH TEAM COMPOSITION** Team Member 1: \_\_\_\_\_ Role: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Member 2: \_\_\_\_\_ Role: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Member 3: \_\_\_\_\_ Role: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Member 4: \_\_\_\_\_ Role: \_\_\_\_\_ Phone: \_\_\_\_\_

**Volunteers:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**SEARCH AREAS COVERED** Area 1: \_\_\_\_\_

**Time Searched:** \_\_\_\_\_ to \_\_\_\_\_ **Searchers:** \_\_\_\_\_

**Results:** \_\_\_\_\_

Area 2: \_\_\_\_\_

**Time Searched:** \_\_\_\_\_ to \_\_\_\_\_ **Searchers:** \_\_\_\_\_

**Results:** \_\_\_\_\_

Area 3: \_\_\_\_\_

**Time Searched:** \_\_\_\_\_ to \_\_\_\_\_ **Searchers:** \_\_\_\_\_

**Results:** \_\_\_\_\_

Area 4: \_\_\_\_\_

**Time Searched:** \_\_\_\_\_ to \_\_\_\_\_ **Searchers:** \_\_\_\_\_

**Results:** \_\_\_\_\_

**SEARCH METHODS USED** ☐ On-foot grid search ☐ Vehicle patrol ☐ Drone assistance

☐ Scent tracking ☐ Sound attraction ☐ Food placement

☐ Social media alerts ☐ Flyer distribution ☐ Door-to-door inquiry

☐ Other: \_\_\_\_\_

**LEADS AND SIGHTINGS** Lead 1: **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Follow-up action:** \_\_\_\_\_

**Result:** \_\_\_\_\_

Lead 2: **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Follow-up action:** \_\_\_\_\_

**Result:** \_\_\_\_\_

**AUTHORITIES CONTACTED** ☐ Animal Control **Contact:** \_\_\_\_\_ **Time:** \_\_\_\_\_

☐ Police **Contact:** \_\_\_\_\_ **Time:** \_\_\_\_\_

☐ Park Rangers **Contact:** \_\_\_\_\_ **Time:** \_\_\_\_\_

☐ Other: \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**NEXT SEARCH PLANS Priority Areas for Next Session:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Additional Resources Needed:** \_\_\_\_\_

**Next Search Scheduled:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Search Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## **FORM 3: COMMUNICATION LOG**

**COMMUNICATION TRACKING Report Number:** LD-\_\_\_\_\_

**Date Started:** \_\_\_\_\_ **Log Maintained by:** \_\_\_\_\_

### **CLIENT COMMUNICATIONS**

**Call/Contact #1 Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Method:** ☐ Phone ☐ Text ☐ Email ☐ In-Person

**Initiated by:** ☐ Dog Walker ☐ Client

**Purpose:** ☐ Initial Notification ☐ Update ☐ Information Request ☐ Other: \_\_\_\_\_

**Summary:** \_\_\_\_\_

**Client Response:** \_\_\_\_\_

**Follow-up Required:** ☐ Yes ☐ No **Details:** \_\_\_\_\_

**Call/Contact #2 Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Method:** ☐ Phone ☐ Text ☐ Email ☐ In-Person

**Initiated by:** ☐ Dog Walker ☐ Client

**Purpose:** ☐ Initial Notification ☐ Update ☐ Information Request ☐ Other: \_\_\_\_\_

**Summary:** \_\_\_\_\_

**Client Response:** \_\_\_\_\_

**Follow-up Required:** ☐ Yes ☐ No **Details:** \_\_\_\_\_

**Call/Contact #3 Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Method:** ☐ Phone ☐ Text ☐ Email ☐ In-Person

**Initiated by:** ☐ Dog Walker ☐ Client

**Purpose:** ☐ Initial Notification ☐ Update ☐ Information Request ☐ Other: \_\_\_\_\_

**Summary:** \_\_\_\_\_

**Client Response:** \_\_\_\_\_

**Follow-up Required:** ☐ Yes ☐ No **Details:** \_\_\_\_\_

## **AUTHORITY COMMUNICATIONS**

**Animal Control Contact #1 Date:** \_\_\_\_ **Time:** \_\_\_\_ **Contact Person:** \_\_\_\_\_

**Information Provided:** \_\_\_\_\_

**Instructions Received:** \_\_\_\_\_

**Follow-up Required:** ☐ Yes ☐ No **When:** \_\_\_\_\_

**Veterinary Clinic Contacts Clinic 1:** \_\_\_\_\_ **Date:** \_\_\_\_ **Time:** \_\_\_\_

**Contact Person:** \_\_\_\_\_ **Information Left:** \_\_\_\_\_

**Clinic 2:** \_\_\_\_\_ **Date:** \_\_\_\_ **Time:** \_\_\_\_

**Contact Person:** \_\_\_\_\_ **Information Left:** \_\_\_\_\_

## **SOCIAL MEDIA/PUBLIC COMMUNICATIONS**

**Facebook Posts Post 1: Date:** \_\_\_\_ **Time:** \_\_\_\_ **Platform:** \_\_\_\_\_

**Content Summary:** \_\_\_\_\_

**Engagement:** \_\_\_\_ likes, \_\_\_\_ shares, \_\_\_\_ comments

**Leads Generated:** \_\_\_\_\_

**Other Social Media Platform:** \_\_\_\_\_ **Date:** \_\_\_\_ **Time:** \_\_\_\_

**Content:** \_\_\_\_\_

**Response:** \_\_\_\_\_

**MEDIA INQUIRIES Contact:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Date:** \_\_\_\_ **Time:** \_\_\_\_ **Phone:** \_\_\_\_\_

**Inquiry Details:** \_\_\_\_\_

**Response Given:** \_\_\_\_\_

**Follow-up:** \_\_\_\_\_

## **INTERNAL COMPANY COMMUNICATIONS**

**Supervisor Notifications Date:** \_\_\_\_ **Time:** \_\_\_\_ **Method:** \_\_\_\_\_

**Information Provided:** \_\_\_\_\_

**Instructions Received:** \_\_\_\_\_

**Team Updates Date:** \_\_\_\_ **Time:** \_\_\_\_ **Method:** \_\_\_\_\_

**Team Members Notified:** \_\_\_\_\_

**Information Shared:** \_\_\_\_\_

Log Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## FORM 4: RECOVERY DOCUMENTATION

**PET RECOVERY REPORT** Report Number: LD- \_\_\_\_\_

Recovery Date: \_\_\_\_\_ Recovery Time: \_\_\_\_\_

Total Time Missing: \_\_\_\_\_ hours / \_\_\_\_\_ days

**RECOVERY DETAILS** Recovery Location: \_\_\_\_\_

GPS Coordinates: \_\_\_\_\_

Distance from Escape Point: \_\_\_\_\_ miles

Recovered by: ☐ Dog Walker ☐ Client ☐ Volunteer ☐ Stranger ☐ Authority

Person Details: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**HOW PET WAS FOUND** Method: ☐ Active Search ☐ Sighting Report ☐ Shelter/Clinic ☐ Found by Public

Condition When Found: ☐ Uninjured ☐ Minor Injuries ☐ Significant Injuries ☐ Deceased

Behavior When Found: ☐ Friendly ☐ Fearful ☐ Aggressive ☐ Lethargic ☐ Normal

**PHYSICAL CONDITION ASSESSMENT** Visible Injuries: \_\_\_\_\_

Signs of Dehydration: ☐ Yes ☐ No

Signs of Exhaustion: ☐ Yes ☐ No

Apparent Weight Loss: ☐ Yes ☐ No

Dirty/Muddy: ☐ Yes ☐ No

Missing Equipment: ☐ Collar ☐ Tags ☐ Leash ☐ Other: \_\_\_\_\_

**IMMEDIATE POST-RECOVERY ACTIONS** ☐ Pet secured safely Time: \_\_\_\_\_

☐ Client notified Time: \_\_\_\_\_

☐ Company supervisor notified Time: \_\_\_\_\_

☐ Veterinary examination arranged Time: \_\_\_\_\_

☐ Animal control notified Time: \_\_\_\_\_

☐ Social media updated Time: \_\_\_\_\_

☐ Photos taken of pet condition Time: \_\_\_\_\_

**VETERINARY EXAMINATION** Clinic: \_\_\_\_\_

Examining Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Examination Results: \_\_\_\_\_

Treatment Required: ☐ Yes ☐ No

**Treatment Details:** \_\_\_\_\_

**Cost:** \$\_\_\_\_\_ **Paid by:** ☐ Client ☐ Company ☐ Insurance

**FACTORS CONTRIBUTING TO RECOVERY** ☐ Systematic search efforts ☐ Social media alerts ☐ Flyer distribution

☐ Authority coordination ☐ Volunteer assistance ☐ Technology tools

☐ Local community help ☐ Professional services ☐ Pure luck

☐ Other: \_\_\_\_\_

**LESSONS LEARNED** What worked well: \_\_\_\_\_

What could be improved: \_\_\_\_\_

Prevention recommendations: \_\_\_\_\_

**CLIENT FEEDBACK** Client satisfaction with response: ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied

Client comments: \_\_\_\_\_

Service relationship impact: ☐ Strengthened ☐ No Change ☐ Damaged

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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## FORM 5: POST-INCIDENT ANALYSIS

**COMPREHENSIVE INCIDENT REVIEW** Report Number: LD-\_\_\_\_\_

Analysis Date: \_\_\_\_\_ Analyst: \_\_\_\_\_

Review Team: \_\_\_\_\_

**INCIDENT SUMMARY** Total Duration: \_\_\_\_ hours / \_\_\_\_ days

Final Outcome: ☐ Pet Recovered Safely ☐ Pet Recovered Injured ☐ Pet Not Recovered

Total Search Cost: \$\_\_\_\_\_

Insurance Claim Filed: ☐ Yes ☐ No Claim #: \_\_\_\_\_

**TIMELINE ANALYSIS** Escape to First Response: \_\_\_\_ minutes

Client Notification Time: \_\_\_\_ minutes

Authority Contact Time: \_\_\_\_ minutes

Social Media Alert Time: \_\_\_\_ minutes

First Sighting Report: \_\_\_\_ hours

Recovery Time: \_\_\_\_ hours

## RESPONSE EFFECTIVENESS EVALUATION

**Immediate Response (0-30 minutes)**

Performance Rating: ☐ Excellent ☐ Good ☐ Adequate ☐ Needs Improvement

**Strengths:** \_\_\_\_\_

**Areas for Improvement:** \_\_\_\_\_

### **Search Coordination (30 minutes - 4 hours)**

**Performance Rating:** ☐ Excellent ☐ Good ☐ Adequate ☐ Needs Improvement

**Strengths:** \_\_\_\_\_

**Areas for Improvement:** \_\_\_\_\_

### **Communication Management**

**Performance Rating:** ☐ Excellent ☐ Good ☐ Adequate ☐ Needs Improvement

**Strengths:** \_\_\_\_\_

**Areas for Improvement:** \_\_\_\_\_

### **Documentation Quality**

**Performance Rating:** ☐ Excellent ☐ Good ☐ Adequate ☐ Needs Improvement

**Completeness:** ☐ Complete ☐ Mostly Complete ☐ Incomplete

**Areas for Improvement:** \_\_\_\_\_

**ROOT CAUSE ANALYSIS Primary Cause of Escape:** ☐ Equipment Failure ☐ Human Error ☐

Environmental Factor

☐ Pet Behavioral Issue ☐ Unforeseeable Circumstance

**Details:** \_\_\_\_\_

**Contributing Factors:** ☐ Inadequate Equipment Inspection ☐ Improper Equipment Use

☐ Environmental Hazards ☐ Distraction/Inattention

☐ Inadequate Pet Assessment ☐ Weather Conditions

☐ Other: \_\_\_\_\_

### **PREVENTION RECOMMENDATIONS**

**Policy Changes Needed:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Training Improvements Required:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Equipment/Procedure Updates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## TEAM PERFORMANCE REVIEW

**Team Member Evaluations: Team Member 1:** \_\_\_\_\_ **Performance:** ☐ Exceeds ☐ Meets ☐ Below Expectations

**Comments:** \_\_\_\_\_

**Additional Training Needed:** \_\_\_\_\_

**Team Member 2:** \_\_\_\_\_ **Performance:** ☐ Exceeds ☐ Meets ☐ Below Expectations

**Comments:** \_\_\_\_\_

**Additional Training Needed:** \_\_\_\_\_

**BUSINESS IMPACT ASSESSMENT Client Relationship Impact:** ☐ Positive ☐ Neutral ☐ Negative

**Reputation Impact:** ☐ Positive ☐ Neutral ☐ Negative

**Financial Impact:** \$ \_\_\_\_\_

**Insurance Impact:** \_\_\_\_\_

**Team Morale Impact:** ☐ Positive ☐ Neutral ☐ Negative

## IMPLEMENTATION PLAN Immediate Actions (within 1 week):

1. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_
2. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_

## Short-term Actions (within 1 month):

1. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_
2. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_

## Long-term Actions (within 3 months):

1. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_
2. \_\_\_\_\_ **Responsible:** \_\_\_\_\_ **Due:** \_\_\_\_\_

**FOLLOW-UP SCHEDULE 30-Day Review:** \_\_\_\_\_ **Responsible:** \_\_\_\_\_

**90-Day Review:** \_\_\_\_\_ **Responsible:** \_\_\_\_\_

**Annual Policy Review:** \_\_\_\_\_ **Responsible:** \_\_\_\_\_

Analysis Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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## FORM USAGE INSTRUCTIONS

### When to Use Each Form

**Form 1 (Initial Incident Report):** Complete immediately when a pet goes missing, within the first 30 minutes if possible.

**Form 2 (Search Effort Log):** Complete for each search session. Multiple forms may be needed for extended searches.

**Form 3 (Communication Log):** Maintain continuously throughout the incident. Update after each significant communication.

**Form 4 (Recovery Documentation):** Complete immediately upon pet recovery, before returning pet to client.

**Form 5 (Post-Incident Analysis):** Complete within 48-72 hours after incident resolution for comprehensive review.

### Documentation Best Practices

- **Write legibly** or use digital forms when possible
- **Be factual and objective** - avoid speculation or blame
- **Include specific times** for all actions and communications
- **Photograph all forms** for digital backup
- **Store securely** with other business records
- **Share appropriately** with insurance, legal counsel as needed
- **Review regularly** for pattern identification and improvement opportunities

### Legal and Insurance Considerations

- **Complete all forms thoroughly** - incomplete documentation may void insurance coverage
- **Never admit fault** or speculate about liability in written reports
- **Maintain confidentiality** - client information should be protected
- **Retain all forms** according to business insurance and legal requirements
- **Provide copies** to insurance companies promptly when claims are filed

- **Use professional language** throughout all documentation

**Forms Package Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Next Form Review/Update:** \_\_\_\_\_