



AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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Health and Safety Report

To Be Completed by Affiliate Club

Incident Date: _____ Affiliate Club: _____

Registered Name of Dog: _____

Registration Number: _____ Owner/Exhibitor: _____

Owner/Exhibitor Contact Email/Phone: _____

Affiliate Contact Email/Phone: _____

Reported/Observed Symptoms of Illness: _____

Was Conflict Resolution Protocol followed? Yes _____ No _____

Copy of Conflict Resolution Forms Attached? Yes _____ No _____

Was dog removed from show site? Yes _____ No _____

Is owner planning to seek veterinarian evaluation? Yes _____ No _____ Unknown _____

Description of Affiliate Club's Action:

Prepared by: _____ Date: _____