



<<Name of Organization>>

Compliments of:

INCIDENT/UNUSUAL OCCURRENCE REPORT- Animal Involved

Animal's Name: _____ Species: _____ Breed: _____

Date of Occurrence: _____ Time: _____

Supervisor On Duty: _____ Phone: _____

Reported By: _____ Reported To: _____
(Supervisor)

An individual Incident Report should be completed by all involved parties and witnesses.

Who was involved in the incident with the animal?

- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Visitor | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Farrier |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Veterinary Tech | <input type="checkbox"/> Groomer |
| <input type="checkbox"/> Staff Member | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Trainer |
| | | <input type="checkbox"/> Other |

Name of any person(s) involved in the incident _____

Phone #: _____ Phone #: _____

Name of other animal involved: _____ Species: _____ Breed: _____

Did the incident involve injuries? YES NO

Was first aid administered? YES NO If YES, by whom? _____

Is further medical treatment required? YES NO Explain: _____

Was the individual taken to a doctor? YES NO

If YES, Name of Doctor/Hospital: _____

Was the animal seen by a vet? YES NO

Describe the Incident/Occurrence (NO PERSONAL OPINIONS – FACTS ONLY) include who, what, where, when, and how: _____

Please include a copy of any reports made by Police, RNs, Doctors, or Veterinarians.
By signing this form you are agreeing the above information is fact of the stated incident.

Witnesses

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Signature: _____	Signature: _____