ANIMAL INCIDENT REPORT FORM

This form is to be used to report any incident involving animal injury, distress, illness, or unexplained death for any reason. Please complete and submit copies to the Principal Investigator, University Veterinarian and Animal Care Coordinator.

The purpose of this form is to document the animal incident so that future improvements can be made in their health and welfare.

**For Urgent Matters Contact: Dr. Diane Maki, University Consulting Veterinarian
 Cell: 807-624-7426**

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual reporting incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other individuals present during incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the Principal Investigator been notified?: YES [ ]  NO [ ]

Has the University Veterinarian been notified?: YES [ ]  NO [ ]

Indicate who has been consulted about the incident (i.e., Physical Plant, Technical Staff, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Location: [ ]  LUACF

 [ ]  Biology Aquatics Lab

 [ ]  ATRC

 [ ]  Field Studies – specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other – specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tank card/Cage card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal(s): Species and Strain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_Sex: \_\_\_\_\_\_

Problem Source: [ ]  Mechanical [ ]  Nutrition

 [ ]  Human error [ ]  Other – specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Disease/parasite [ ]  Unknown

Relevant Animal History (information from cage card, recent treatment, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Details of incident/action taken (add extra pages if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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