ANIMAL INJURY INCIDENT REPORT FORM
Please return completed form to:
Email: enquiries@rogerrich.co.uk

INSURED: ____________________________________________

POLICY NO: ____________________________________________

PART 1: CONTACT DETAILS OF OWNER

NAME: ____________________________________________

ADDRESS: ____________________________________________

TELEPHONE NO: (HOME) ____________________________ (BUSINESS) ____________________________ (MOBILE) ____________________________

PART 2: DETAILS OF INCIDENT

DESCRIPTION OF INCIDENT: ____________________________________________

EXACT LOCATION: ____________________________________________

DATE OF INCIDENT: ____________________________ TIME OF INCIDENT: ____________________________

PART 3: ANIMAL’S INJURY DETAILS

PART OF BODY INJURED (Place tick in appropriate box)

Head & Neck   Leg   Tail
Eyes or Face   Paw   Belly
Back

If Other, or multiple, please describe: ____________________________________________

NATURE OF INJURY (Place tick in appropriate box)

Multiple   Fracture   Burns/Scalds – requiring medical attention
Sprain   Minor Cut/Laceration - No Stitches   Superficial
Dislocation ☐ Cut/Laceration requiring Stitches ☐ No Apparent Injury ☐
Ligament Damage ☐

If Other, or multiple, please describe: __________________________________________

WAS INJURED ANIMAL TAKEN TO A VET: YES ☐ NO ☐

NAME OF VET: _____________________________________________________________

ADDRESS OF VET: __________________________________________________________

RECORD OF INCIDENT: Video/closed circuit ☐ Photo ☐ None ☐

IF YOU HAVE A COPY OF A VET BILL PLEASE PROVIDE IT AS AN ATTACHMENT IN YOUR RETURN EMAIL

PART 4: WITNESS * DETAILS
* Eyewitnesses witnessed the incident; circumstantial witnesses witnessed the events leading up to or following the incident. Additional witnesses’ details should be provided on attachment.

ATTACH STATEMENTS FOR ADDITIONAL COMMENTS

NAME OF WITNESS TO ACCIDENT: _____________________________________________

ADDRESS OF WITNESS: ______________________________________________________

TELEPHONE NO: (HOME) ___________________ (BUSINESS) ___________________ (MOBILE) ___________________

TYPE OF WITNESS: EYE WITNESS ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON: _________________________________________

(If more than one witness, please provide details) __________________________________

PART 5: ANIMAL LOST/STOLEN

HOW LONG HAS ANIMAL BEEN MISSING FOR: _________________________________

WHAT STEPS HAVE BEEN TAKEN TO FIND MISSING ANIMAL: __________________

IF STOLEN HAS THE INCIDENT BEEN REPORTED TO THE POLICE?: YES ☐ NO ☐

PLEASE PROVIDE CRIME REFERENCE NUMBER: _________________________________