

# ANIMAL INJURY INCIDENT REPORT FORM

Please return completed form to:

Email: [petbusiness@woodgate-clark.co.uk](mailto:petbusiness@woodgate-clark.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	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Tail	<input type="checkbox"/>
Eyes or Face	<input type="checkbox"/>	Paw	<input type="checkbox"/>	Belly	<input type="checkbox"/>
Back	<input type="checkbox"/>				

If Other, or multiple, please describe: \_\_\_\_\_

NATURE OF INJURY (Place tick in appropriate box)

Multiple	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Burns/Scalds – requiring medical attention	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Minor Cut/Laceration - No Stitches	<input type="checkbox"/>	Superficial	<input type="checkbox"/>

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: \_\_\_\_\_