

PET INCIDENT REPORT FORM
Central Arizona Valley Institute of Technology

THE TEACHER OR STAFF AWARE OF THE INCIDENT SHOULD FILL OUT THIS FORM

OWNER NAME: _____

Address: _____ Phone: _____

Date: _____ Time accident occurred: _____

Room or area in which accident occurred: _____

Type of Animal: _____ Sex of Animal: _____ Breed of Animal: _____

Pet Name: _____ Avimark #: _____

Description of Incident: Please describe the incident. List any specific acts by individuals or conditions that led to the incident. Include any preexisting conditions/considerations if applicable.

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture		<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	
Other specify) _____			Other (specify) _____		
_____			_____		

Did incident occur during class time? Y or N If yes, provide class name: _____

Was first aid administered? Y or N

Was owner notified? Y or N Name of person contacted: _____ Time: _____

Was owner told to seek veterinary services? Y or N

Teacher/Staff Signature: _____ Date: _____

Deliver completed form to CAVIT Superintendent no later than one hour after the incident.