



ANIMAL/PET INCIDENT REPORT

INCIDENT INFORMATION

Date of Incident: _____ Time: _____ Date of Report: _____

Location of Incident: _____

Your Name: _____ Victim Name: _____

Phone: _____ Address: _____

ANIMAL INFORMATION

Owner / Household of Animal: _____

Address (if known): _____

Description of Animal (species, breed, colour, size, markings): _____

INCIDENT DETAILS

Describe what happened: _____

INJURY INFORMATION *PLEASE ATTACH PHOTO(S) OF THE INJURY(IES)*

Was a person injured? Yes No Location of Bite / Injury: _____

Severity of Bite / Injury: Minor (scratch / bruise) Moderate (skin broken) Severe (medical treatment required)

Has the victim reported for medical attention? Yes No

Medical Facility (if applicable): _____

WITNESSES

Witness Name(s) and Contact Information: _____

REPORTING PERSON

Signature: _____

SUBMISSION INFORMATION

Please return completed forms to:
Wabaseemoong Independent Nations
Government Office/Band Office
Government Office General Delivery
Whitedog, ON P0X 1P0
Phone: 807-927-2000
Fax: 807-927-2071

Internal Office Only:

Incident report #: _____

Status: Under Review Active Pending
 Resolved Follow-up needed