

MICHIGAN STATE
UNIVERSITY

COLLEGE OF VETERINARY MEDICINE
Incident Report

PATIENT/CLIENT ID
(DO NOT FILE WITH MEDICAL RECORD)

TIME & PLACE	DATE/TIME OF INCIDENT	LOCATION:	
ANIMAL INFORMATION	ANIMAL NAME:	AGE/DOB:	SPECIES:
	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>	SPAYED/NEUTERED/GELDED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
	DIAGNOSIS OR PRESENTING PROBLEM:		
CLIENT INFORMATION	OWNER'S NAME	TELEPHONE	
	ADDRESS	CITY	STATE
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED:		
DESCRIPTION OF INJURY	DESCRIBE INJURY, IF APPLICABLE: INCLUDE TYPE, SEVERITY, AND BODY PART INVOLVED AND ACTION TAKEN		
	VETERINARIAN'S EXAMINATION/FINDINGS:		
WITNESSES GIVE THE FULL NAME & ADDRESS OF EACH WITNESS	NAME	ADDRESS	PHONE#

NAME/TITLE OF MSU
EMPLOYEE COMPLETING REPORT:

PHONE:

REVIEWED BY:

DATE :

FORWARD COMPLETED FORM TO:

MICHIGAN STATE UNIVERSITY
RISK MANAGEMENT & INSURANCE
113 OLDS HALL
EAST LANSING, MI 48824-1047