

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	
	STREET	CITY STATE ZIP CODE
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
OLDS HALL
408 W CIRCLE DRIVE RM 113
EAST LANSING, MI 48824-1047
Fax: 432-3854
E-mail: riskmgmt@msu.edu