

**Southeastern Louisiana University  
Animal Injury Report Form**

Name of injured animal user: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Time of injury: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Nature of the injury: \_\_\_\_\_

Did the injury include a bite by an animal?    Yes        No

Did the injury result from a puncture wound from a sharp object, such as a  
needle, piece of glass, or other sharp object?    Yes        No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Did the injury require medical treatment?    Yes        No

If yes, provide address of medical facility. \_\_\_\_\_

Contact information for physician or other medical person involved in treatment  
of injury. \_\_\_\_\_

\_\_\_\_\_

I have notified my immediate supervisor:    Yes        No

I have notified my department head:        Yes        No

I have contacted campus police                Yes        No

\_\_\_\_\_  
**Signature of Injured Individual**

\_\_\_\_\_  
**Date**