

ATTN: FIRST RESPONDERS

PLEASE FILL OUT THIS FORM

DATE: / /

TIME: :

AM
 PM

1) ADDRESS OF INCIDENT:

CITY: _____ STATE: _____ ZIP: _____

2) NAME & ADDRESS ANIMAL BEING TAKEN TO:

CITY: _____ STATE: _____ ZIP: _____

3) NUMBER OF ANIMALS EXTRICATED FROM STRUCTURE: _____ DOG(S) _____ CAT(S) OTHER: _____

4) ESTIMATED TIME EXPOSURE TO SMOKE: _____ HOURS _____ MINUTES

5) WAS ANIMAL OWNER/ GUARDIAN ON SCENE? _____ YES _____ NO >> IF YES, PROVIDE NAME AND TEL#: _____

6) WAS AN EMERGENCY CONTACT ON SCENE? _____ YES _____ NO >>IF YES, PROVIDE NAME AND TEL#: _____

7) DESCRIBE ON SCENE PROCEDURES PER ANIMAL: (I.E. OXYGEN LPM RATE, MOUTH-TO-SNOUT RESUSCITATION, CPR, ETC)

PROCEDURES:

ATTEMPTS:

SUCCESSFUL:

ANIMAL : _____ YES _____ NO

8) DID ANY ANIMAL(S) HAVE INJURIES OR DIE ON SCENE OR DURING TRANSPORTATION? _____ YES _____ NO >>

IF YES, PROVIDE INFORMATION BELOW
IF NO, SKIP TO SECTION 9

ANIMAL:
ANIMAL TYPE: _____ DOG _____ CAT _____ OTHER _____

INJURY TYPE: _____

WAS ANIMAL DEAD ON ARRIVAL: _____ YES _____ NO

DID ANIMAL PERISH IN TRANSPORT: _____ YES _____ NO

9) AGENCY/ COMPANY/DEPARTMENT PROVIDING ASSISTANCE TO ANIMAL(S) ON SCENE:

10) AGENCY/ COMPANY/ DEPARTMENT TRANSPORTING ANIMAL(S):

11) ADDITIONAL COMMENTS AND NOTES: (FIRST RESPONDERS ONLY)

12) NAME AND TITLE OF PERSON COMPLETING THIS FORM:

PLEASE USE ONE FORM PER ANIMAL

PLEASE RETURN THIS COMPLETED FORM TO MVMA CHARITIES AT:

MVMA CHARITIES
163 LAKESIDE AVENUE
MARLBOROUGH, MA 01752
fax: 508-460-9969

