



3100 Cherry Hill Road • Ann Arbor, MI 48105
734-662-5585 • www.hshv.org

Volunteer Injury/Incident Report

Date of Injury: _____ Time of Injury: _____ Date reported to HSHV: _____

Injured on HSHV Premises? ☐ YES ☐ NO

If Yes, where at HSHV did it occur: _____

If No, where did it occur (address): _____

☐ Junior Volunteer, were parents notified? ☐ YES ☐ NO

Volunteer's Name: _____

Volunteer's Home Address
(include street, city, state and zip): _____

Volunteer's Phone: _____ Date of Birth: _____ Sex: ☐ M ☐ F

List any witnesses & their phone numbers: _____

☐ **PLEASE page Volunteer Department Staff to notify.**
Volunteer Staff responded ☐ YES ☐ NO

What injuries were received? (e.g., cut, bite, burn, contusion, fall): _____

☐ Animal Bite – additional steps complete ☐ picture ☐ email ☐ memo entered ☐ hold added
☐ change stage/print new cage card/add sticker

Body part(s) affected (Be specific—e.g., "left arm 2 inches above elbow"): _____

How did the accident take place? (Be specific; explain exactly what happened.) _____

Name of Animal involved (if any): _____ ☐ Owned ☐ Shelter

Animal ID number: _____ ☐ Dog ☐ Cat ☐ Other: _____

☐ First aid offered. Accepted? ☐ Yes, details _____
☐ No, details _____

☐ Additional medical treatment (e.g., off-site, urgent care) recommended.
Accepted? ☐ Yes, volunteer intends to visit facility name/location _____
☐ No, details _____

Volunteer's Signature _____

Date _____

(Please PRINT) Name of HSHV Staff Member Reporting _____

Date _____

HSHV Follow Up:

Spreadsheet updated _____ Copy given to VolMgr/HE _____ Date Insurance Co. Notified (if applicable) _____

Follow-up with Volunteer? Date (more details on back) _____ Date Discussed at ShOp _____