



Form 4-Animal Effects Cases

Case Number:		Witness:	
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Witness: Please Include Written Personal Account On Form 1

Describe the exact circumstances of events as they affected the animal(s) in this investigation.

Identification Of Effected Animals

Animal Type (1):	Breed:	Weight:	Age:
_____	_____	_____	_____
Animal Type (2):	Breed:	Weight:	Age:
_____	_____	_____	_____
Animal Type (3):	Breed:	Weight:	Age:
_____	_____	_____	_____

Describe Any Illness Or Injury Which Was Present Prior To The Event:

Animal Effect During The UFO Event

Please Elaborate On Items Checked Below, Where Applicable, On A Separate Sheet.

Audible:	<input type="checkbox"/> Barked ()	<input type="checkbox"/> Howled ()	<input type="checkbox"/> Whined ()	Other :		
Emotional:	<input type="checkbox"/> Indifference ()	<input type="checkbox"/> Startled ()	<input type="checkbox"/> Panicked ()	<input type="checkbox"/> Hide ()	<input type="checkbox"/> Fled ()	<input type="checkbox"/> Fearful ()
	Other:					
Mental :	<input type="checkbox"/> Disobedient ()	<input type="checkbox"/> Bewildered ()				
Movement:	<input type="checkbox"/> Still ()	<input type="checkbox"/> Cowered ()	<input type="checkbox"/> Trembled ()	<input type="checkbox"/> Flew ()	<input type="checkbox"/> Covered Ears ()	
	<input type="checkbox"/> Paced Back and Forth ()		<input type="checkbox"/> Paced In a Circle ()	<input type="checkbox"/> Was Levitated ()		
	Explain:					
Physical:	<input type="checkbox"/> Paralyzed ()	<input type="checkbox"/> Blinded ()	<input type="checkbox"/> Burned ()	<input type="checkbox"/> Urinated ()	<input type="checkbox"/> Hair Stood On End ()	
	<input type="checkbox"/> Loss of Balance ()	<input type="checkbox"/> Lost Consciousness ()	Other:			
Comments:						

Animal Effect After The UFO Event

Please Elaborate On Items Checked Below, Where Applicable, On A Separate Sheet.

Poor Appetite ()	Duration:	Fears UFO Site ()	Duration:
Skin Disruption ()	Duration:	Disobedience ()	Duration:
Shed Fur/Feathers ()	Duration:	Abnormal Birth ()	Explain:
Loss of Balance ()	Duration:	% Egg Laying ()	Explain:
Paralysis ()	Duration:	% Milk Production ()	Explain:
Deafness ()	Duration:	Other:	Explain:
Blindness ()	Duration:	Other:	Explain:

Comments: _____

Veterinarian / Authorization

Were The Animals Treated By A Veterinarian? YES () NO ()

Veterinarian: _____ **Phone:** _____

Address: _____ **City:** _____



ZIP: _____ ST. _____

As the owner of the animal(s), I authorize MUFON to acquire any Veterinary records necessary for this investigation.

Owner Name: _____ (Please Print)

Owner Signature: _____ Date: _____

Relationship Of UFO Or Entity To Affected Animal

Indirect:	UFO Merely Overflew Area With No Apparent Interest In The Animal(s) ()			
	Other : _____			
Apparent Direct:	UFO Hovered Over Animals ()	At Altitude Of: _____		
	UFO Approached Near Animal ()	At Altitude Of: _____	At Distance Of: _____	
	UFO Pursued Animal ()	For (time,distance): _____		
	UFO Projected A Beam Of Light ()	Color: _____	Shape: _____	_____
Actual Direct:	Animal Reaction To The Light ()	_____		
	Animal Touched By- UFO: ()	Entity: ()	Other: _____	
	Animal Abducted By- UFO: ()	Entity: ()	Other: _____	
	Animal Killed By- UFO: ()	Entity: ()	Other: _____	

Other Comments: _____

Cross Reference / Additional Data

Sighting Date:	Witness:	
Sighting Time:	Time Zone:	Duration of Event

Additional Comments / Data / Remarks

Investigator:
 Attach Veterinarian Reports If Available Along With Photographs Of Affected Animals
 Attach Photographs Or Diagrams Showing Any Permanent Animal Injuries

You May () May Not () Use My Name In Conjunction With This Report.

Witness Name: _____ (Please Print)

Witness Signature: _____ Date: _____

