



Form 14-Animal Mutilation Cases

Case Number: _____ Report On Animal # _____ Of _____ Animal(s) Affected

Witness: Include Written Personal Account On Form 1

Witness: Describe the exact chronological order of events or observations as they occurred on Form 1.

Identification Of Affected Animal

Animal Type: _____ Breed: _____ Gender: _____ Weight: _____ Age: _____

Animal Was Last Seen: _____ Date: _____ Time: _____ By: _____

Health Prior To Event: _____

Area Information

Date / Time Of Event: _____ Date: _____ Time: _____

Weather: (During Event) _____

Ground Conditions: Wet: () Damp: () Dry: () Hard: () Other: _____

Area / Terrain: Flat: () Rolling: () Other: () _____

Soil / Ground Cover: Soil Type: _____

Ground Cover: (if any) _____

Ground Markings: Footprints?

Y	N
---	---

 Describe: _____

Indentations?

Y	N
---	---

 Describe: _____

Scraping(s)?

Y	N
---	---

 Describe: _____

Tire Marks?

Y	N
---	---

 Describe: _____

Describe Ground Cover Disturbance: _____

Animal Damage Information

Cookie Cutter Excisions?

Y	N
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 Describe: _____

Cored/Reamed Out: Tail: () Rectum: () Other : _____

Deep Hide Excisions: Genitals: () Tongue: () Eyes: () Ears: () Jaw: () Lips: ()

Other: _____

List of Organs Removed: Bladder: () Heart: () Brain: () Blood: ()

Other: () Explain: _____

Activity Around Animal Site

Lights Observed?

Y	N
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 Colored: () Describe: _____

Cleared: () Describe: _____

Strobing: () Describe: _____

Other: () Describe: _____

Sound(s) Heard?

Y	N
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 If Yes, Describe: _____

Object(s) In The Air?

Y	N
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 Identified As: _____



If the aerial object was not identified, please provide a description below

Witness:
 Please Provide A
 Drawing Of The
 Unidentified
 Object On A
 Separate Sheet
 Of Paper

Case Contact Information

Police / Sheriff: _____ Department: _____
 Address: _____
 Phone: _____ eMail: _____
 Officer(s) : _____

Veterinary Services: _____ Company : _____
 Address: _____
 Phone: _____ eMail: _____
 Veterinarian: _____

Detailed Location Of Event

GPS: _____ N , _____ W _____

Investigator Report On Examination Of Animal

Black Light Scan Done?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Results:
Event Site Security:	Length of Time Between Event And Investigation: _____		
	Was The Animal Body Protected From Predation?		
Blood / Fluid Loss / Spill:	Was There Blood On The Ground?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Was There Blood In The Carcass?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Amount:	_____	
	Note:	_____	

**NOTE: If The Animal Is Completely Void Of Blood, The Muscle Tissue Will Be White Or Pale-White Color.
 If The Muscle Tissue Is Red, There Is Blood In The Capillary System.**

Foreign Material At Site: Describe Any Powders, Unusual Fluids, Silver "Chaff" On Or Around The Animal:



FI: Report On Number Of Wounds, Patterns, Genital Area Wound(s), Related Data

FI: If Landing Traces Or Artifacts Are Found, Use MUFON Form 6

FI: If Elevated Radiation Levels Are Detected, Use MUFON Form 13

I, The Undersigned, Am The Owner Of The Animal In This Investigation, And I Authorize The MUFON, Inc. Investigator(s)
To Request And Receive Any Verterinarian, Medical And/Or Law Enforcement Reports Which Pertain To This Event.

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

Witness Signature: _____

Date: _____