



Animal Mutilation Cases MUFON Form 11 (Page 2 of 2)

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 . ? _____ 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 . . ? _____ Amount . . : _____
 Was There Blood In The Carcass . . . ? _____ 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 . . : _____

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

If Landing Traces Or Artifacts Are Found, Use MUFON Form 6
 If Elevated Radiation Levels Are Detected, Use MUFON Form 10

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: _____