



UFO QUESTIONNAIRE - ANIMAL EFFECT CASES (FORM 4)

INTER-FORM CROSS-REFERENCE DATA

SIGHTING DATE: PLACE: TO TIME OF DIRECT EFFECTS: FROM WITNESS' NAME: INVESTIGATOR'S NAME:

GENERAL DATA

KIND OF ANIMAL: #1 BREED: AGE: KIND OF ANIMAL: #2 BREED: AGE: KIND OF ANIMAL: #3 BREED: AGE: NAME/ADDRESS OF VET. (if treated)

PERSONAL ACCOUNT (Include on Form 1)

In your own words, describe the apparent Animal Reaction to the UFO and/or Entities.

ANIMAL EFFECT "DURING" UFO ENCOUNTER

(Please elaborate on items checked below, where applicable, by using a separate sheet.)

AUDIBLE: BARKED ( ) HOWLED ( ) WHINED ( ) BELLOWED ( ) OTHER
EMOTIONAL: INDIFFERENT ( ) STARTLED ( ) PANICKED ( ) HID ( ) OTHER
MENTAL: DISOBEDIENT ( ) BEWILDERED ( ) OTHER
MOVEMENT: STILL ( ) COVERED ( ) SHOOK ( ) PACED BACK AND FORTH ( ) PACED IN A CIRCLE ( )
KICKED ( ) COVERED EARS ( ) FLEW ( ) OTHER
PHYSICAL: PARALYZED ( ) BLINDED ( ) BURNED ( ) URINATED ( ) HAIR STOOD ON END ( )
LOSS OF BALANCE ( ) LOST CONSCIOUSNESS ( ) DIED ( ) OTHER
COMMENTS:

ANIMAL EFFECT "AFTER" UFO ENCOUNTER

(Please elaborate on items checked below, where applicable, by using 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-GIVING: ( ) EXPLAIN?
DEAFNESS: ( ) DURATION? OTHER: COMMENTS
BLINDNESS: ( ) DURATION? OTHER: COMMENTS
COMMENTS:

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 ANIMAL(S) ( ) AT ALTITUDE OF
UFO APPROACHED NEAR ANIMAL(S) ( ) AT ALTITUDE OF AT DISTANCE OF
UFO PURSUED ANIMAL ( ) UFO PROJECTED A COLORED, SHAPED LIGHT AT ANIMAL.
ACTUAL DIRECT: ( ANIMAL TOUCHED BY: UFO? ( ) ENTITY? ( ) OTHER
ANIMAL ABDUCTED BY: UFO? ( ) ENTITY? ( ) OTHER
OTHER COMMENTS:

MAY ( ) MAY NOT ( ) USE MY NAME SIGNATURE OF WITNESS DAY MONTH YEAR