

TRAPPING CASE REPORT

The Humane Society of the United States (HSUS) is documenting cases in which domestic animals or wildlife are injured or killed as a result of trapping. This information will be entered into our database of trapping statistics. Please complete this form and return it to The HSUS.

Name _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (work) _____

Date of trapping incident: _____

To what agency, if any, was the incident reported?

Location of trapping incident:

City or Town _____

County _____ State _____

Was the trapper charged with a violation of trapping regulations or other laws? Yes No

Area where trap was set:

Private property Public property

If the trapped animal was a pet, did the trapper pay for treatment of the pet's injuries? Yes No

Habitat description (urban, suburban, forest, campground, stream, etc.): _____

If not, did the pet's owner bring civil action against the trapper or the state to recover costs? Yes No

Type of trap:

Steel-jaw leghold Conibear
 Other (please specify) _____ Unknown

Reason for your involvement:

Witness Attending veterinarian
 Animal's owner Humane agent/animal warden

Type of animal trapped: _____

Please provide photographs, newspaper articles, or any additional details pertaining to this incident that might be helpful to The HSUS:

Was the animal a pet? Yes No

Estimated time (hours) animal spent in trap: _____

Type/result of injury (check all that apply):

No injury Bruising Died in trap
 Swelling Broken bone(s) Euthanatized
 Cut Limb amputated
 Other (please specify) _____

Would you or anyone else associated with the incident be willing to testify on behalf of or otherwise cooperate with The HSUS in programs to end the cruelty of trapping? Yes No

Name of attending veterinarian (if applicable): _____

(If yes, list names, addresses, and telephone numbers on reverse side.)

I hereby give The Humane Society of the United States (HSUS) permission to use any of the information provided in, or in connection with, this form, including my identity and any photos or other materials provided with this form, in any way it sees fit, including use in HSUS publications and in testimony before legislative and judicial bodies. I verify that the information on this form is complete and accurate to the best of my knowledge.

Signature of Respondent _____ Date _____