Veterinary Practice Injury Report

PRACTICE INFO			
NAME OF PRACTICE			
ADDRESS			
CITY, STATE ZIP			
PHONE NUMBER			
POINT OF CONTACT			
EMAIL			
WORK COMP CARRIER			
POLICY NUMBER			
CLAIM PHONE #			
INJURED EMPLOYEE INFORMATION			
NAME			
DATE OF BIRTH		GENDER	Gender
MARITAL STATUS	Single	# OF DEPENDENTS	
HIRE DATE		TIME IN ROLE YR/MOS	
RATE OF PAY		FULL TIME ☐ PART TIME ☐	

DAYS WORKED	M	T	W	T	F	S	S

INCIDENT INFORMATION	
DATE & TIME INJURY OCCURRED	
TYPE OF INJURY	
BODY PART INJURED	
WHAT CAUSED THE INJURY	
MEDICAL TREATMENT (IF ANY)	
MEDICAL FACILITY WHERE EMPLOYEE WAS TREATED (NAME & ADDRESS)	
WITNESS NAMES	
DATE & TIME INJURY WAS REPORTED TO YOU AND BY WHOM	

FORM COMPLETED BY			
NAME			
TITLE		DATE & TIME	

BUTLER Vet Insurance

BUTLER VET INSURANCE
15322 GALAXIE AVE SUITE 214
APPLE VALLEY MN 55124
WWW.BUTLERVETINSURANCE.COM (800) 750-9775