



OCEANOGRAPHIC ENVIRONMENTAL RESEARCH SOCIETY



Disclaimer: All information provided in this form is confidential and will be used solely for research purposes.

OTTER ATTACK REPORT FORM

Information about Attacked Person(s) (if more than one individual involved please indicate):

Name: Age: Occupation:

Gender: City: Country:

Severity and type of injury / treatment received:

Information about Otter Attack:

Date of Attack: Time: Otter Species:

Location of Attack: (eg zoo, wild, residential):

Gender of Otter(s) (if known):

of Otters Involved:

Details:

Were there any pups in the vicinity?

Yes No

Was the attack provoked?

Yes No

Please check all that apply:

- Rabies confirmed in otter(s).
- Otter was killed.
- Autopsy was performed.

Autopsy Results:

Any other relevant information (listing weather conditions, human activity, did otter appear sick, what triggered attack, etc):

Type of natural conditions where attack took place (wooded areas, river bank, field, marsh, backyard, marina, etc...):

Information about Person reporting Otter Attack (if different than above):

Name: Occupation:

Email: Phone:

Gender: