## CESA_logo_main_pos_cmyk

**NON-GOVERNMENT SCHOOLS ANIMAL ETHICS COMMITTEE**

**ADVERSE EVENTS**

**Illness/Injury, Death or Unexpected incident report**

Please complete one form for each species

SEND THIS FORM WITHIN SEVEN DAYS to the NGSAEC if an animal becomes ill or dies in unusual and unexpected circumstances or if there is an unexpected incident (e.g., the animal is lost, injured, stolen). This includes all animals that are housed on the school premises covered by all categories of approval. Please return this form via email to NGSAEC, Executive Officer at: animalethics@cesa.catholic.edu.au

Note: to assist the NGSAEC review the Adverse Event schools are encouraged to include photographs where possible.

|  |  |
| --- | --- |
| **School name and address** |       |
|  |  |
| **Animal Ethics Focus Person or delegate** |       |
|  |  |
| **Animal/species and number of animals affected** |       |
|  |  |
| **Date of incident (dd/mm/yyyy)** |       |
|  |  |
| **Signs of ill-health/ injury/ abnormal behaviour etc** |       |
|  |  |
| **Unusual/ unexpected environmental conditions** |       |
|  |  |
| **Action taken** – *If a veterinarian was consulted provide details: name of veterinary practitioner, date and nature of consultation and outcome of consultation. Attach relevant reports.* |       |
|  |  |
| **Probable cause of illness, injury, death, or unexpected incident** |       |
|  |  |
| **Action to prevent future occurrence** |       |
|  |  |
| **Animal Ethics Focus Person or delegate lodging this form** | Name: |       |
| Email: |       |
| Signed: | …………………………………………………………... | Date: | …..……/…...……/……….. |
|  |  |
| **Principal** | Name: |       |
| Email: |       |
| Signed: | …………………………………………………………... | Date: | …..……/…...……/……….. |