

**EMPLOYEE ACCIDENT REPORT**

**C. Tabony Veterinary Relief Services, Inc**

Location of Injury:

- Indian Trail Animal Hospital; 160 Corporate Blvd; Indian Trail NC 28079
- Vet-REC; 300 Unionville-Indian Trail Rd; Indian Trail NC 28079
- Other - please note address if outside employers premises \_\_\_\_\_

Injured or Ill Employee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth and Current Age: \_\_\_\_\_

Soc. Security Number: \_\_\_\_\_

Job position / title: \_\_\_\_\_

Incident description:

- Specific location of accident or injury (yard, dog ward, Exam 2, etc) \_\_\_\_\_
- What was the employee doing when injured? (be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- How did the accident occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Describe the injury or illness in detail and indicate the part of the body affected. \_\_\_\_\_

\_\_\_\_\_

- Name the object or substance which directly injured the employee \_\_\_\_\_

- Date of injury or initial diagnosis of occupational illness

Medical care:

Medical care is always recommended by employer (C. Tabony Veterinary Relief Services, Inc)

Declined by employee Signature: \_\_\_\_\_

Accepted

Name and address of physician: \_\_\_\_\_

Report date: \_\_\_\_\_

Received by: \_\_\_\_\_