



## Animal Affect Cases

### MUFON Form 4 (Page 1 of 2)

Case Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: Include Written Personal Account On Form 1

Describe the exact circumstances of events as they affected the animal(s) in this investigation.

Animal(s) Affected

Dog ( )   Cat ( )   Bird ( )   Fish ( )   Horse ( )   Cow ( )   Pig ( )   Sheep ( )   Rodent: ( )

Other Animals : \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Describe Any Illness Or Injury Which Was Present Prior To The Event . : \_\_\_\_\_

Animal Affect During The UFO Event

Please Elaborate On Items Checked Below, Where Applicable, On A Separate Sheet.

**Audible** . . . . . : Barked ( )   Howled ( )   Whined ( )   Bellowed ( )   Silent ( )   Other: \_\_\_\_\_

**Emotional** . . . . . : Indifference . . . ( )   Startled ( )   Panicked ( )   Hid ( )   Fled ( )   Fearful ( )  
 Aggressive . . . . ( )   Excited ( )   Other \_\_\_\_\_

**Mental** . . . . . : Disobedient ( )   Bewildered ( )   Focused ( )   Curious ( )   Acted Crazy ( )  
 Other: \_\_\_\_\_

**Movement** . . . . . : Still . . . : ( )   Cowered ( )   Trembled ( )   Kicked ( )   Flew ( )   Covered Ears ( )  
 Paced Back and Forth ( )   Paced In a Circle ( )   Was Levitated ( )   Explain \_\_\_\_\_

**Physical** . . . . . : Motor Skills Affected ( )   Paralyzed ( )   Shedding ( )   Blinded ( )   Burned ( )  
 Urinated ( )   Hair Stood On End ( )   Loss of Balance ( )   Loss of Consciousness ( )  
 Suffered Injury ( )   Died ( )   Other: \_\_\_\_\_

**Comments** . . . : \_\_\_\_\_

Animal Affect After The UFO Event

Please Elaborate On Items Checked Below, Where Applicable, On A Separate Sheet.

Poor Appetite        ( )   Duration: _____ Skin Disruption     ( )   Duration: _____ Shed Fur/Feathers    ( )   Duration: _____ Loss of Balance      ( )   Duration: _____ Paralysis             ( )   Duration: _____ Deafness             ( )   Duration: _____ Blindness            ( )   Duration: _____	Fears UFO Site        ( )   Duration: _____ Disobedience        ( )   Duration: _____ Abnormal Birth        ( )   Explain: _____ % Egg Laying         ( )   Explain: _____ % Milk Production    ( )   Explain: _____ Injury / Death        ( )   Explain: _____ Other:                 ( )   Explain: _____
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Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Veterinarian / Authorization

Were The Animals Treated By A Veterinarian? ( ) Yes ( ) No

Veterinarian . : \_\_\_\_\_ Phone: \_\_\_\_\_

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

As the owner of the animal(s), I authorize MUFON to acquire any Veterinary records necessary for this investigation.

Owner Name . . . . . : \_\_\_\_\_

Owner Signature . . : \_\_\_\_\_ Date . . : \_\_\_\_\_



Animal Affect Cases
MUFON Form 4 (Page 2 of 2)

Case Number:

Relationship Of UFO Or Entity To Affected Animal

Indirect : UFO Merely Overfly Area With No Apparent Interest In The Animal(s) ( )

Other :

Apparent Direct : UFO Hovered Over Animals: ( ) At Altitude Of:
UFO Approached Near Animal: ( ) At Altitude Of: At Distance Of:
UFO Pursued Animal: ( ) For (time,distance):
UFO Projected A Beam Of Light: ( ) Color: Shape: At:
Animal Reaction To The Light :

Actual Direct : Animal Touched By : UFO: ( ) Entity: ( ) Other:
Animal Abducted By : UFO: ( ) Entity: ( ) Other:
Animal Killed By : UFO: ( ) Entity: ( ) Other:

Other Comments :

Cross Reference / Additional Data

Sighting Date : Witness :
Sighting Time : Time Zone: Duration of Event:

Additional Comments / Data / Remarks

[Multiple horizontal lines for additional comments]

Investigator:

Attach Veterinarian Reports If Available Along With Photographs Of Affected Animals
Attach Photographs Or Diagrams Showing Any Permanent Animal Injuries

You May ( ), May Not ( ) Use My Name In Conjunction With This Report.

Witness Signature: Date: