**Schenectady Police Department**

**Animal Control**

531 Liberty St

Schenectady NY, 12305

(518) 382-5200 ext. 5655

**FULL BODY INJURY REPORT**

Incident #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victims Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Treatment Form attached? Yes No

Use **BLUE** for existing scars, **RED** for new injuries, and add type of injury (abrasion, laceraction, puncture etc.)

 