

THE HUMANE SOCIETY OF
THE COMMONWEALTH OF MASSACHUSETTS

RESCUE REPORT

Please provide as much of the requested information as possible in completing this form. Your assistance will help The Humane Society to verify the rescue circumstances in order to recognize the rescuer(s) promptly and appropriately.

Rescue Date:	Time of Day:
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Rescuer(s): provide complete information for each individual making the rescue

Full Name:	Social Security #:
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:
Occupation:	

Full Name:	Social Security #:
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:
Occupation:	

Victim(s): provide information for each individual rescued

Full Name:	
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:

Full Name:	
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:

Rescue Scene:

Exact Location of Rescue:
Weather Conditions:
Description of the Scene:

Rescue Circumstances:

Describe the situation/events necessitating the rescue:

Describe the actual rescue:

Life-threatening situation for victim:

Life-threatening risks to rescuer:

Injuries sustained by victim:

Injuries sustained by rescuer:

Eyewitnesses:

Name	Address	Age

Comments related to the Rescue:

Completed by:

Full Name:	
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:
Signature:	