Cleveland Metroparks

(This PDF form can be completed, sent and saved using the free Adobe Acrobat readerversion 7.0 or later)

Name	Zip code Phone
Incident Date Incident Time	O am C pm
Coyote sighting Coyote howling Pet attack Human attack Other (Explain fully in the <b>Other Comments</b> section below)	
Location where visitor encountered coyote: (address, reservation, trail segment, picnic area name, backyard, business, <b>be as specific as possible</b> , note any landmarks)	
Visitor was : (check as many as apply)	
Alone With children With c	other adults
☐ Walking a dog(s)	
🗌 On leash 👘 Off leash	
□ On horseback □ Tending horses	
Bicycling Other	
For coyote sightings (check as many as apply):   Individual coyote 2 or more coyotes: number seen   Shy, cautious Aggressive, angry Other   Coyote came in contact with pet Image: Coyote came in contact with pet	
Coyote came in contact with human	
ATTENTION: If a coyote came in contact with a human or pet, the visitor should seek medical attention from a doctor/veterinarian immediately!	
Other comments: Describe the coyote(s) includ What did the coyote do? Where did it go? What <b>occurred</b> , describe the number of victims (hu activity of the coyote(s) prior to the attack, the defensive actions taken by victim(s) or bystand	at did you do? <i>If an attack or confrontation</i> man or pet), age, and sex of victim(s), the activity of the victim(s) prior to the attack,

Completed by (if applicable):\_\_\_\_