


Monthly Report (1 of 3)

**AVIATION CONSUMER PROTECTION AND ENFORCEMENT**
U.S. Department of Transportation


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Incident Overview | [Owner / Animal Info](#) | [Narratives](#)

Incident Overview

Don Day
Don Day
Team Leader


***Flight Number:**

***Date of Incident:** 
(mm/dd/yyyy)

Time of Incident: (Not Known)


*** Required Fields**

Click "Owner / Animal Info" tab to continue.



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Monthly Report (2 of 3)

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Owner / Shipper Information

***Owner / Shipper Type:**

***Owner / Shipper Name:**

Owner / Shipper Phone:

Owner / Shipper Email:

Owner Address:

City:

State: **Zip:**

***Address, and either phone or email, is required**

Animal Information

Animal Name:


***Animal Type:**
If animal type is "Other" -
List Here:

Breed (If Known):

***Incident Type:**

Animal Is: Pet in a U.S. household at time of incident
 Dog or cat that is not a pet in a U.S. household at time of incident (e.g., breeder shipment)

Click "Narratives" tab to continue.

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- Incident Overview
- Owner / Animal Info
- Narratives**

Narratives

***Brief Description of the Incident:**

***Description of the Cause of the Incident:**

Description of Corrective Action Taken (if any):

"By clicking the "Submit" button I certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR part 235. I affirm that, to the best of my knowledge and belief, this is a true, correct and complete report."

Submit to DOT



December Report (2 of 2)

Browser address bar: <https://animalreport.ost.dot.gov/Index.cfm?cfaction=misc.dspPreYearly>

Browser tabs: CCA v 2.0, Animal Reporting System v... x

Browser menu: File Edit View Favorites Tools Help

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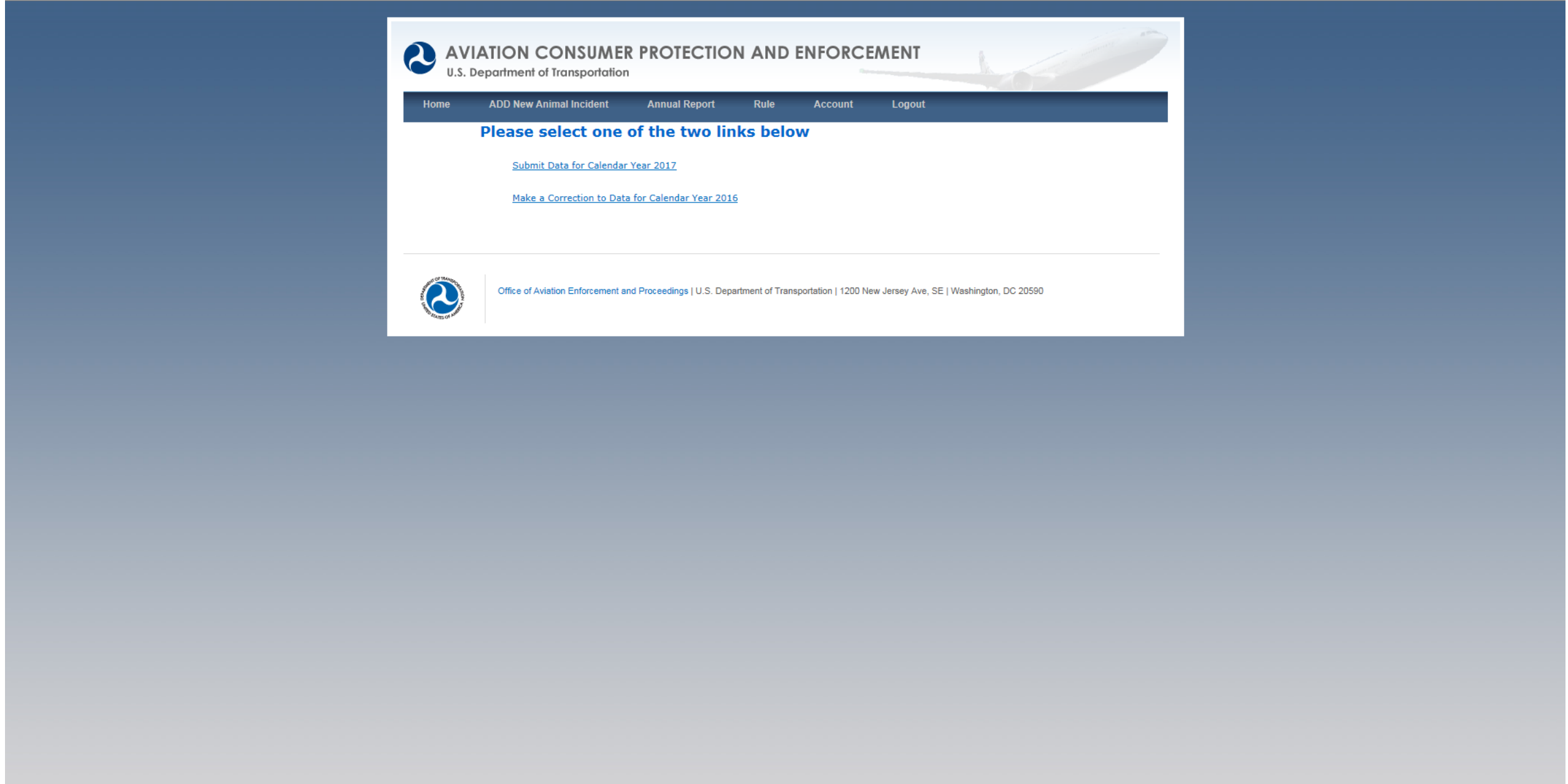
Please select one of the two links below

[Submit Data for Calendar Year 2017](#)

[Make a Correction to Data for Calendar Year 2016](#)



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Submit Annual Report

The following pre-filled Death, Injury and Loss numbers are for 2017. This data is pulled from the reports you have filed online with the Animal Reporting System. If these numbers are not representative of the incident totals for last year, please [log each incident](#) into the system before attempting to report.

For any questions pertaining to the filing of this annual report, please email the [Aviation Consumer Protection Division](#).

Total Death in 2017:	<input type="text" value="0"/>
Total Injury in 2017:	<input type="text" value="0"/>
Total Loss in 2017:	<input type="text" value="0"/>
Total Transports in 2017:	<input type="text" value="0"/>

"By clicking the "Submit" button I certify that this report has been prepared under my direction in accordance with the regulations in 14 CFR part 235. I affirm that, to the best of my knowledge and belief, this is a true, correct and complete report."

