



Aquarium Incident Report

DATE: 6/5/18

NAME: [REDACTED]

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIPCODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? [REDACTED]

Seeking medical attention? yes

If yes, where? Closest medical Facility

Time of incident: 7:45

Location of incident: Sloth exhibit

Team member signature: [Signature]

Witnesses: Amber

Description of incident / treatment:

Attempting to move sloth to crate using bannana
Jamie went to grab Bannana and sloth bit her
arm.

Employee signature(s):

[Signature]



Aquarium Incident Report

DATE:

6-26

NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIPCODE:

EMAIL:

Date of birth or age?

2014

Seeking medical attention?

NO

If yes, where?

Time of incident:

1200

Location of incident:

LIZARD CAGE

Team member signature:

Witnesses:

Description of incident / treatment:

PEEL LIZARDS, PULLED AWAY, SMALL 1ST LAYER OF SKIN BROKEN.

Employee signature(s):

SeaQuest

INTERACTIVE AQUARIUM

Aquarium Incident Report

DATE: 8/17/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Date of birth or age? 21

Seeking medical attention? NO

If yes, where? _____

Time of incident: 6:40 pm

Location of incident: ~~Tank~~ Red Teau: Bossk

Guest Signature _____

Witnesses: None.

Description of incident / treatment:

Took Bossk (Red Teau) to a B-Day party. On the way to take him back, he was getting a little roudy and scratch my left arm and was bleeding. + needed a bandaid. 😊 + Alcohol swab

Employee signature(s): _____



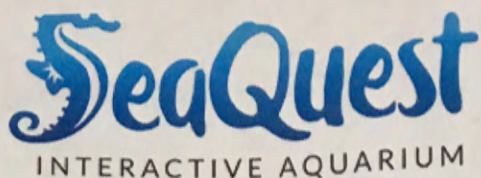
Aquarium Incident Report

DATE: 8-22-18
NAME: Addyson LaFarge Paul LaFarge (DaD)
PHONE: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
EMAIL: [REDACTED]
Date of birth or age? 11-6-2016
Seeking medical attention? No
If yes, where? _____
Time of incident: 12:25
Location of incident: Amazon
Guest Signature: PL LaFarge
Witnesses: Jana Nyberg

Description of incident / treatment:

little girl was feeding iguana and it bit her
left hand ring finger. Treatment was
alcohol pads and a bandaid. Cut did bleed

Employee signature(s): Jana Nyberg



Aquarium Incident Report

DATE: 8/26/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL: _____

Date of birth or age? _____

Seeking medical attention? no

If yes, where? _____

Time of incident: 4:31 pm

Location of incident: Stormin Norman

Guest Signature: [Signature]

Witnesses: Alexis

Description of incident / treatment:

Alexis talking to guests. while talking to them, Norman bit her finger & broke skin. Treated with alcohol swab and a bandaid.

Employee signature(s): [Signature]

STATE OF
COLORADO

Slater - DNR, Erik <erik.slater@state.co.us>

Re: REPORTING: Incident Reports

1 message

Vince Covino <[REDACTED]> Fri, Aug 17, 2018 at 10:09 AM
To: "McKee - DNR, Jerrie" <jerrie.mckee@state.co.us>
Cc: Kelly Miller <[REDACTED]> Crystal Chick - DNR <crystal.chick@state.co.us>, "Slater - DNR, Erik" <erik.slater@state.co.us>, Garrett Watson - DNR <garrett.watson@state.co.us>, Greg Ochojski <[REDACTED]>
Kent Sager <[REDACTED]> Shane Dietz <[REDACTED]>

Ha, didn't even occur to me that wouldn't make sense outside of our team:) He's a Sulcata Tortoise.

Regards,

Vince Covino
CEO, SeaQuest
www.visitseaquest.com

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On Fri, Aug 17, 2018 at 10:01 AM McKee - DNR, Jerrie <jerrie.mckee@state.co.us> wrote:

While reading over the incident reports, one of them is from Stormin Norman. What species is Stormin Norman?

Jerrie McKee
District Wildlife Manager

COLORADO
Parks and Wildlife

Department of Natural Resources

C 303.880.4089 | F 303-291-7114
6060 Broadway, Denver, CO 80216
jerrie.mckee@state.co.us | www.cpw.state.co.us

On Wed, Aug 15, 2018 at 7:23 PM, Kelly Miller <[REDACTED]> wrote:

Hi Jerrie,

In keeping with our license we are required to report any injury to human from any animal on the premise. We have not had an animal incident on our site that has required medical attention, but per my conversation with you this morning, I now understand "injury" to mean the drawing of blood. For that reason, I have attached our incident reports where fingers were nipped in feedings and blood was drawn. In all these incidents, antiseptic and a band-aid were applied and no further action needed.

Please let me know if you require anything further or if there is any issue in opening these attachments.

Thanks,
Kelly

Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 08/27/2018

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: N/A

Date of birth or age? 24

Seeking medical attention? Yes Called 911

If yes, where? WILL UPDATE

Time of incident: 3:55 PM

Location of incident: TANG ANGEL

Guest Signature: DECLINED INCIDENT REPORT (WITH 134 F LAYERS)

Witnesses: (VIDEO FOOTAGE)

Description of incident / treatment: RIGHT INDEX

STUCK FINGER IN EXHIBIT AND

PUFFER BIT FINGER & SHE FLINGS IT OUT

AND CATCHES BEFORE TOUCHING GROUND.

SHE STICKS IT BACK INTO THE EXHIBIT.

Species and Name of Animal (If applicable): PORUPINE PUFFER (DIO H)

Team Member Signature(s): [Signature]

PICKED IT UP THE GROUND. VIDEO FOOTAGE SHOWS OTHER

SHE GOES TO ADMISSION ON WAY OUT
AND ROBERT ASKS IF SHE WOULD LIKE TO
FILL OUT AN INCIDENT REPORT. SHE DECLINES
AND THIS WAS WITNESSED BY LAURA, BRAD
& MEGAN M.

HUSBAND CALLS TO INFORM THAT SHE CAN
911 WITH DIFFICULTIES BREATHING & NUMB

ROBERT PROCEEDS TO FILL OUT THIS INCIDENT
REPORT. LAURA RECORDED THE VIDEO FOOTAGE

STATE OF
COLORADO

Wildlife, Special Licensing, DNR <dnr_wildlife.speciallicensing@state.co.us>

Fwd: Incident Report (08.27.18)

1 message

Emily Rozzo <[REDACTED]>
To: dnr_wildlife.speciallicensing@state.co.us

Tue, Aug 28, 2018 at 5:10 PM

Please see attached incident report and accompanying video surveillance footage of event.

----- Forwarded message -----

From: **Laura Edelstein** <[REDACTED]>
Date: Mon, Aug 27, 2018 at 5:34 PM
Subject: Re: Incident Report (08.27.18)
To: Robert LeSage <[REDACTED]>
Cc: Emilee Fields <[REDACTED]>, Office Manager <[REDACTED]> Harry V
<[REDACTED]>, Kent Sager <[REDACTED]> Monica Savino
<[REDACTED]>

Attached is the video footage. She came up with quite a different tale than what you'll actually see!

Thank you,

Laura Edelstein

Education Coordinator, SeaQuest Littleton
littleton.visitseaquest.com | [REDACTED]

On Mon, Aug 27, 2018 at 5:19 PM Robert LeSage <[REDACTED]> wrote:
Hey all,

This one is interesting. Guest flung porcupine puffer out of water and says she picked it up off the ground. The video footage shows it never touched the ground, but she is complaining of numbness and difficulty breathing.

She declined incident report, but I filled it out after husband called saying they called 911. There are two pages to this one.

Laura recorded video footage.

- Robert

**STATE OF
COLORADO****Wildlife, Special Licensing, DNR <dnr_wildlife.speciallicensing@state.co.us>**

Fwd: Incident Report (08.27.18)

1 message

Emily Rozzo <[REDACTED]>
To: dnr_wildlife.speciallicensing@state.co.us

Tue, Aug 28, 2018 at 5:09 PM

Please see attached.

----- Forwarded message -----

From: **Robert LeSage** <[REDACTED]>
Date: Mon, Aug 27, 2018 at 5:53 PM
Subject: Incident Report (08.27.18)
To: Emilee Fields <[REDACTED]>, Emily Rozzo <[REDACTED]> Harry Vyhnanek
<[REDACTED]>, Kent Sager <[REDACTED]> Laura Edelstein <[REDACTED]>
[REDACTED] Monica Savino <[REDACTED]> [m](#)>

Attached



Aquarium Incident Report

☒ Guest Incident☐ Team Member IncidentDATE: 08/27/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL: _____

Date of birth or age? 29 (2)Seeking medical attention? no

If yes, where? _____

Time of incident: 5:46Location of incident: Iguana PitGuest Signature: Jh ParWitnesses: ALEX K.

Description of incident / treatment:

Iguana bit - L hand 4 digit.TREATED w/ ANTIBIOTIC & BAND-AID (ROBERT)Species and Name of Animal (If applicable): IGUANATeam Member Signature(s): [Signature]

8/30/2018

State.co.us Executive Branch Mail - Fwd: Incident Report (08.27.18)

--

Best,
Emily

Emily Rozzo
Office Manager | SeaQuest Littleton
littleton.visitseaquest.com | 303-968-1340



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 9/3/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL: _____

Date of birth or age? _____

Seeking medical attention? NO

If yes, where? _____

Time of incident: 10:15

Location of incident: Iguana Enclosure

Guest Signature: AR

Witnesses: N/A

Description of incident / treatment:

an iguana was crawling up a guest's leg. Allie took him off, she got scratched and it broke skin. cleaned blood off.

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): [Signature]



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 9/4/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Date of birth or age? 23

Seeking medical attention? NO

If yes, where? _____

Time of incident: 9:28

Location of incident: Iguana Enclosure: tree

Guest Signature: Brandy Fields

Witnesses: Emilee Fields

Description of incident / treatment:

There was an iguana in the tree next to the enclosure. Brandy was helping BIR to get him out. He scratched her and broke skin. Treated with antiseptic.

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): [Signature]



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 9/4/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Date of birth or age? _____

Seeking medical attention? NO

If yes, where? _____

Time of incident: 9:28

Location of incident: Iguana enclosure: tree

Guest Signature: _____

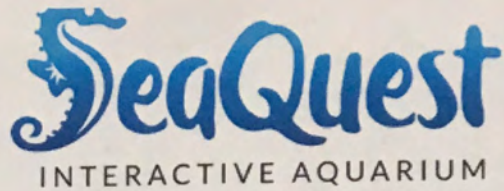
Witnesses: Emilee Fields

Description of incident / treatment:

Iguana was in the tree next to his enclosure. Aspleigh got him out, but he scratched her. It broke the skin. Treated by cleaning the scratches

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): _____



Aquarium Incident Report

☐ Guest Incident☒ Team Member IncidentDATE: 09/08/2018NAME: [REDACTED]PHONE: [REDACTED]ADDRESS: [REDACTED]CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]EMAIL: [REDACTED]Date of birth or age? [REDACTED] (22 yrs)Seeking medical attention? nopeIf yes, where? _____Time of incident: 2:30Location of incident: ~~iguanas~~ iguana enclosureGuest Signature: _____Witnesses: Megan McNeal [Signature]

Description of incident / treatment:

clipping iguanas nails, on last one, he was the
biggest iguana scratched neck w/ front claws...
drew blood. Treatment: 4 alcohol pads ☺

Species and Name of Animal (If applicable): iguana iguanaTeam Member Signature(s): [Signature]



Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 9/10/18

NAME: Trevor Cobain

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? 5/16/13

Seeking medical attention? No Not at the moment

If yes, where?

Time of incident: 7:10pm

Location of incident: Littleton

Guest Signature: Cissy Cobain

Witnesses: Hannah, Abigail, Alexandria Brim

Description of incident / treatment:

Feeding Iguana (Bit Finger)
Accidentally (Trevor pulled back)
SCOPE Finger caused bleeding
(right middle finger), alcohol wipe, antibiotic ointment, bandaid applied

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): Alex Brim
Alexandria Brim



SeaQuest Injury Reporting Form

Reported by:

Harrison Rice

Date:

9/14

Animal

Type	Description
<input type="checkbox"/> Mammal	Species: <u>BURMEST</u>
<input type="checkbox"/> Amphibian	Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian	Color: <u>yellow & white</u>
<input type="checkbox"/> Fish	Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input checked="" type="checkbox"/> Reptile	Name: <u>BURBOSA</u>
<input type="checkbox"/> Other: <input type="text"/>	

If animal has not been quarantined, why not?

If mammal, is the animal currently vaccinated for rabies?

☐ Yes

☒ No

☐ Unknown

Date of last vaccination:

—

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury:

9-14

Time of injury:
(if known)

9:25 pm

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

~~He~~ I was opening cage to fill up water and burbosa struck me, and latched onto my hand.

Date of CPW report:

9/14

Time of report:

9:25 pm

CPW Officer:

Phone:

Patient

First Name:

Last Name:

Address:

County:

Jefferson

City:

ZIP code:

Sex

Ethnicity

Race

☒ Male

☐ Hispanic

☐ Asian

☐ Black or African American

☐ Female

☒ Non Hispanic

☐ White

☐ American Indian or Alaska Native

☐ Unknown

☐ Multi-racial

☐ Native Hawaiian or Other Pacific Islander

☐ Unknown

☐ Other Race

Phone:

Patient ID/MR #:

DOB:

10/08/2000

Parent/Guardian Name:

Phone:

Type of medical care rendered:

☒ Wound care

☐ EMS called

☐ Other:

cleaned out wound -

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 9/14/18

NAME: [REDACTED]

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? 17

Seeking medical attention? no

If yes, where? _____

Time of incident: 9:25 pm

Location of incident: Behind fantasy cave

Guest Signature: _____

Witnesses: _____

Description of incident / treatment:

I was opening Barbosa's cage to fill his water
when he struck and latched onto my hand.

(Python bivittatus)

Species and Name of Animal (If applicable): Burmese python - Barbosa

Team Member Signature(s): [Signature]

(Mother)

9-14-18

[Signature]



SeaQuest Injury Reporting Form

Reported by: Ashleigh Belfiore

Date: 9/15/18

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Varanus Salvator</u> Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian <input type="checkbox"/> Fish	Color: <u>Black + yellow</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input checked="" type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Name: <u>Spartacus</u>

If animal has not been quarantined, why not? He is healthy

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Healthy

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer Date of injury: 9/15/18 Time of injury: (if known) 135

Type of injury: ☐ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Had to remove Spartacus from the water so marine could clean. Scratched me when transferring him to holding container.

Date of CPW report: 9/15/18

Time of report: 135

CPW Officer:

Phone:

Patient

First Name: <u>Ashleigh</u>	Last Name: <u>Belfiore</u>
Address: <input type="text"/>	County: <u>Arapahoe</u>
City: <input type="text"/>	ZIP code: <input type="text"/>
Sex: <input checked="" type="checkbox"/> Female	Phone: <input type="text"/>
Ethnicity: <input checked="" type="checkbox"/> Non Hispanic	Patient ID/MR #: <input type="text"/>
Race: <input checked="" type="checkbox"/> White	DOB: <u>10/08/91</u>

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other: Neosporin + Band aid

Physician

Physician Name: Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 9/15/18

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

Date of birth or age? 28

Seeking medical attention? NO

If yes, where? _____

Time of incident: 6:17

Location of incident: Shark Lagoon - South Pacific

Guest Signature: _____

Witnesses: N/A

Description of incident / treatment:

feeding the bamboo shark in shark lagoon, he came up to get the food, broke skin on middle & pointer fingers on right hand, treated by washing hands

Species and Name of Animal (If applicable): Chiloscyllium plagiosum

Team Member Signature(s): [Signature]



SeaQuest Injury Reporting Form

Reported by: David Slater

Date: 9/27/18

Animal	
Type	Description
<input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Amphibian <input type="checkbox"/> Avian <input type="checkbox"/> Fish <input type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Species: <u>Macropus rufogriseus</u> Color: <u>Brown</u> Name: <u>Ben</u>
Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased	

If animal has not been quarantined, why not?

Not Necessary

If mammal, is the animal currently vaccinated for rabies? ☒ Yes ☐ No ☐ Unknown

Date of last vaccination: 6/11/18

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normally he has been fine but occasionally he does jump or nip.

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury: 9/27/18

Time of injury: (if known) 12:30 pm

Type of injury: ☐ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Alex attempted to leave the wallaby exhibit when the wallaby Ben grabbed his arm and scratched + kicked causing the right arm to bleed

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Alex Kibel

Last Name: Kibel

Address:

County:

City:

ZIP code:

Sex	Ethnicity	Race
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Non Hispanic	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Other Race

Patient ID/MR #:

DOB:

Parent/Guardian Name: N/A

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☒ Other:

No treatment needed

Physician

Physician Name: N/A

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife_special_censing@state.co.us

and to Jennifer House at jennifer.house@state.co.us Fax: 303-782-0338

September 2018



SeaQuest Injury Reporting Form

Reported by: Kristen

Date: 9/28/2018

Animal

Type

- ☒ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☐ Reptile ☐ Other:

Description

Species: Wallaby
Color: Brown
Name: Ben

Sex: ☒ male ☐ female
Status: ☒ healthy ☐ sick ☐ deceased

If animal has not been quarantined, why not?

If mammal, is the animal currently vaccinated for rabies? ☒ Yes ☐ No ☐ Unknown Date of last vaccination: 6/11/18

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Healthy and playful.

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer Date of injury: 9/28/2018 Time of injury: (if known)

Type of injury: ☒ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Was exhibiting play behavior and played with handler

Date of CPW report: 9/28/18 Time of report: 10:36

CPW Officer:

Phone:

Patient

First Name: Kristen

Last Name: Saucedo

Address:

City:

County:

ZIP code:

Sex

Ethnicity

Race

- ☐ Male ☒ Hispanic ☐ Asian ☐ Black or African American
☒ Female ☐ Non Hispanic ☒ White ☐ American Indian or Alaska Native
☐ Unknown ☐ Multi-racial ☐ Native Hawaiian or Other Pacific Islander
☐ Unknown ☐ Other Race

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name: Deanne Saucedo

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☒ Other: alcohol wipes

Physician

Physician Name: N/A

Phone:

Name/Address of Practice: N/A

Email completed form to dnr_wildlife_special_censing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-792-0338

September 2018



SeaQuest Injury Reporting Form

Reported by: David Slater

Date: 9/29/18

Animal

Type

- ☐ Mammal ☐ Amphibian
☒ Avian ☐ Fish
☐ Reptile ☐ Other:

Description

Species: T. moluccanus Sex: ☐ male ☐ female
Color: Rainbow Status: ☒ healthy ☐ sick ☐ deceased
Name:

If animal has not been quarantined, why not? N/A

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal + Healthy

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: 9/29/18

Time of injury:
(if known) 2:45

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Guest feeding a lorikeet and accidentally got bit on finger tip, drawing blood

Date of CPW report: 9/29

Time of report: 3:30

CPW Officer:

Phone:

Patient

First Name: Alaina

Last Name: Veater

Address:

County:

City:

ZIP code:

Sex	Ethnicity	Race
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Non Hispanic	<input checked="" type="checkbox"/> White
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Unknown
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Other Race

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name: Scott Veater

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☒ Other: Bandaid

Physician

Physician Name: N/A

Phone:

Name/Address of Practice:

Email completed form to enr_wildlife_speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338

September 2018

Ismael S.

Miami Beach, FL

136 Friends

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Similar Reviews

Ismael's Profile

Profile Overview

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Report this profile

Reviews

Sort by: Date

SeaQuest Littleton Aquariums

8501 W Bowles Ave

Littleton, CO 80123

★★★★★

11/21/2018

Attacked by a venomous monitor lizard, sitting in one of their open tanks (with no warnings or anything like that) , they handled everything so poorly but promised to take care of everything and sent me to their workers comp facility to treat me. After three weeks of avoiding me they sent me a letter denying responsibility.

You guys are going down. I'll sue, and I'll talk to the news

Parents and adults, do not take your kids to this place its dangerous will deny any responsibility for whatever happens inside.

They've been shut down in the past and I'll make sure the shut down this place again

Other angel

One side of the wound of a venomous monitor

At their workers comp facility

About Ismael S.

Rating Distribution

5 stars	3
4 stars	0
3 stars	1
2 stars	0
1 star	2

View more graphs

Review Votes

Useful 8

Funny 2

Stats

Bookmarks 2

Location

Miami Beach, FL

Yelping Since

September 2014

From: McKee - DNR, Jerrie <jerrie.mckee@state.co.us>

Sent: Sunday, January 6, 2019 7:53 PM

To: Lindsay Waskey <lindsayw@petaf.org>; Wildlife, Special Licensing, DNR <dnr_wildlife.speciallicensing@state.co.us>

Subject: Re: SeaQuest Littleton

Hi Ms. Waskey,

Thank you for your email. We did receive injury reports in October and November including the one about the monitor lizard incident.

Jerrie McKee
District Wildlife Manager



C 303.880.4089 | F 303-291-7114

6060 Broadway, Denver, CO 80216

jerrie.mckee@state.co.us | www.cpw.state.co.us

On Thu, Jan 3, 2019 at 4:26 PM Lindsay Waskey <lindsayw@petaf.org> wrote:

Hi Ms. McKee,

I'm writing in regards to two posts on SeaQuest Littleton's Yelp page (attached) indicating that two visitors were recently injured by animals at the aquarium.

First, on 11/21 Ismael S posted that he was "attacked" by a monitor lizard and provided pictures depicting a severely injured finger that required medical attention. Second, on 11/22 Alex F wrote that he witnessed "an animal attacking" a visitor "a few days ago" and reported that there was "[a] lot[] of blood" from the injury. He also reported that SeaQuest employees did not respond appropriately to the visitor's injury. These posts refer to *two different incidents* as Ismael appears to have posted on Yelp at least *three weeks after his*

injury occurred (e.g. Ismael's post says "After three weeks of avoiding me they sent me a letter denying responsibility").

I want to ensure that CPW is aware of these apparent injuries in light of the fact that SeaQuest must report all injuries to CPW to comply with the terms of its Zoological Park License and given its history of failing to report multiple other injuries to CPW in a timely manner.

SeaQuest Littleton's Yelp page can be found [here](#).

Thank you,

Lindsay Waskey, Esq.

Counsel

PETA Foundation



SeaQuest Injury Reporting Form

Reported by: *David Slater*

Date: *10/31/18*

Animal

Type Description

☐ Mammal ☐ Amphibian Species: *Coccyzus Sulphureus* Sex: ☐ male ☒ female
☒ Avian ☐ Fish Color: *White* Status: ☒ healthy ☐ sick ☐ deceased
☐ Reptile ☐ Other: Name: *Coccyzus / Bella*

If animal has not been quarantined, why not? *N/A*

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

healthy normal behavior

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer Date of injury: *10/2/18* Time of injury: (if known) *6:15*

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Alexandra was handling our Coccyzus & was bit on hand, drawing blood

Date of CPW report: Time of report:

CPW Officer: Phone:

Patient

First Name: *Alexandra* Last Name: *Watson*

Address:

County:

City:

ZIP code:

Sex	Ethnicity	Race
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> White
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Unknown

Phone:

Patient ID/MR #:

DOB:

Phone:

Parent/Guardian Name:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☒ Other: *Band a/L*

Physician

Physician Name: *N/A* Phone:

Name/Address of Practice:

Email completed form to dmr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us fax: 303-782-0338

September 2018



SeaQuest Injury Reporting Form

Reported by: Robert

Date: 10/07/18

Animal

Type

- ☐ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☒ Reptile ☐ Other:

Description

Species: IGUANA IGUANA Sex: ☐ male ☐ female
Color: GREEN Status: ☒ healthy ☐ sick ☐ deceased
Name: —

If animal has not been quarantined, why not?

HEALTHY, OLUDED DURING NAIL TRIMMING

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown

Date of last vaccination: —

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

HEALTHY & NORMAL

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury: 10/07/18

Time of injury:
(if known) 3:50 PM

Type of injury: ☒ Bite ☐ Scratch ☐ Other: —

Circumstances of injury:

TRIMMING NAILS, ONE IGUANA BIT DOWN

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: GRACIE

Last Name: BLACKWELL

Address:

County:

City:

ZIP code:

Sex	Ethnicity	Race
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> White
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Unknown
		<input type="checkbox"/> Black or African American
		<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Other Race

Phone:

Patient ID/MR #: —

DOB:

Parent/Guardian Name: —

Phone: —

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name: NOT SEEKING MEDICAL

Phone: —

Name/Address of Practice: —

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 10/15/14

NAME: Joshua Smith

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? 8 yrs.

Seeking medical attention? NO

If yes, where? —

Time of incident: 3:10 pm

Location of incident: Iguana's feeding

Guest Signature: Chantel Smith (mother)

Witnesses: Was trying to feed the iguana, got too close with his fingers and was bit on left middle finger. -Mariah

Description of incident / treatment:

Was trying to feed an Iguana, left middle finger was bit. Cleaned with an alcohol swab + gave a band aid. Drew a small amount of Blood

Species and Name of Animal (If applicable): Iguana Iguana (Green)

Team Member Signature(s): Mariah Connor

COMPANY CONFIDENTIAL



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 10/17/18

NAME: Meagan M. Grand

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? [REDACTED]

Seeking medical attention? no

If yes, where? n/A

Time of incident: 1:50pm

Location of incident: Amazon, in iguana enclosure.

Guest Signature: [Signature]

Witnesses: Jaime & Jana

Description of incident / treatment:

an iguana climbed into tree, had to pick up iguana to get out of tree. got scratched by the iguana's nails. Drew blood. Scratch on left fore arm. Applied iodine.

Species and Name of Animal (If applicable): Iguana

Team Member Signature(s): [Signature]

COMPANY CONFIDENTIAL



SeaQuest Injury Reporting Form

Reported by: *David Slater*

Date: *10/20/18*

Animal

Type

- ☐ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☒ Reptile ☐ Other:

Description

Species: *Iguana Iguana* Sex: ☒ male ☐ female
Color: Status: ☒ healthy ☐ sick ☐ deceased
Name:

If animal has not been quarantined, why not?

Not needed

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: *10/20/18*

Time of injury:
(if known) *12:04 pm*

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

guest was feeding an iguana and it nipped h's finger causing blood

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: *Eva*

Last Name: *Pugna*

Address:

County:

City:

ZIP code:

Sex: ☐ Male ☒ Female
Ethnicity: ☐ Hispanic ☐ Non Hispanic ☐ Unknown
Race: ☐ Asian ☐ White ☐ Multi-racial ☐ Unknown
☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other Race

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☒ Other: *Bandaid*

Physician

Physician Name: *N/A*

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife_speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us fax: 303-782-0338

September 2018



Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 10/23/18

NAME: Manney Orrino (Dave Orrino, grandfather)

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? 18 months

Seeking medical attention? No

If yes, where?

Time of incident: 11:15 am

Location of incident: Iguana

Guest Signature: David Orrino

Witnesses: Erika Unbehann

Description of incident / treatment:

Feeding iguanas, one bit on right index
finger and drew blood. Treated by Laura
with antiseptic wipe and bandaid

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): Lan Edisti

COMPANY CONFIDENTIAL



SeaQuest Injury Reporting Form

Reported by: *David Slater*

Date: *10/27/18*

Animal

Type

- ☐ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☒ Reptile ☐ Other:

Description

Species: *Iguana Iguana* Sex: ☒ male ☐ female
Color: *Green* Status: ☒ healthy ☐ sick ☐ deceased
Name:

If animal has not been quarantined, why not?

Healthy / Not aggressive

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal behavior

Injury sustained by: ☒ Guest ☒ Employee ☐ Volunteer

Date of injury: *10/27/18*

Time of injury:
(if known)

Type of injury: ☐ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Removing Iguana out of tree that was out of the exhibit. Drawing blood

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: *Megan*

Last Name: *McNeal*

Address:

City:

County:

ZIP code:

Sex

- ☐ Male
☐ Female

Ethnicity

- ☐ Hispanic
☐ Non Hispanic
☐ Unknown

Race

- ☐ Asian ☐ Black or African American
☐ White ☐ American Indian or Alaska Native
☐ Multi-racial ☐ Native Hawaiian or Other Pacific Islander
☐ Unknown ☐ Other Race

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife_speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0303

September 2018



SeaQuest Injury Reporting Form

Reported by: _____

Date: 10/28/18

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Heterodontus francisci</u> Sex: <input type="checkbox"/> male <input checked="" type="checkbox"/> female
<input type="checkbox"/> Avian <input checked="" type="checkbox"/> Fish	Color: <u>Black</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input type="checkbox"/> Reptile <input type="checkbox"/> Other: _____	Name: <u>no name</u>

If animal has not been quarantined, why not?

Healthy, animal not at fault

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☒ No ☐ Unknown

Date of last vaccination: N/A

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Healthy, normal, just hungry

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: _____

Time of injury:
(if known) _____

Type of injury: ☒ Bite ☐ Scratch ☐ Other: _____

Circumstances of injury:

Feeding the horn shark. did not pull away. broke skin

Date of CPW report: 10/28/18

Time of report: 11:30am

CPW Officer: _____

Phone: _____

Patient

First Name: Mican Last Name: Emberg

Address: _____

County: _____

City: _____

ZIP code: _____

Sex	Ethnicity	Race
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Non Hispanic	<input checked="" type="checkbox"/> White
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Unknown

Phone: _____

Patient ID/MR #: _____

DOB: N/A: 7 yrs.

Parent/Guardian Name: _____

Phone: _____

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other: _____

Physician

Physician Name: _____

Phone: _____

Name/Address of Practice: _____

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



Aquarium Incident Report

☒ Guest Incident

☐ Team Member Incident

DATE: 11/2/10

NAME: Nathan Miller

PHONE: _____

Brittany
Eaton

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

EMAIL: _____

Date of birth or age? _____

7 Feb. 4, 2011

Seeking medical attention? _____

no

If yes, where? _____

N/A

Time of incident: _____

11:25 am

Location of incident: _____

amazon - pacu

Guest Signature: _____

Brittany Eaton

Witnesses: _____

Description of incident / treatment:

Feeding the pacu, bit right ring
finger, broke skin and bled, treated
by washing hands and bandaid

Species and Name of Animal (If applicable): _____

P. brachypomus

Team Member Signature(s): _____

COMPANY CONFIDENTIAL



SeaQuest Injury Reporting Form

Reported by: Jamie Begger

Date: 11/6/2018

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Varanus</u>
<input type="checkbox"/> Avian <input type="checkbox"/> Fish	Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input checked="" type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Color: <u>Yellow/Black</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
	Name: <u>Spartacus</u>

If animal has not been quarantined, why not?

Normal Behavior

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Animal is healthy & acting normally

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer Date of injury: 11/6/2018 Time of injury: (if known) 3:00pm

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Guest leaned over water monitor enclosure and dangled finger in front of monitor. Video footage is available. Wound was bandaged. Guest sent to urgent care.

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: De Sousa Isamel Last Name: Alberto

Address:

County:

City:

ZIP code:

Sex	Ethnicity	Race
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Unknown	<input type="checkbox"/> White
		<input type="checkbox"/> American Indian or Alaska Native
		<input type="checkbox"/> Multi-racial
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Unknown
		<input type="checkbox"/> Other Race

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Mariah Contreras

Date: 11/20/2018

Animal

Type

- ☐ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☒ Reptile ☐ Other:

Description

Species: Iguana Sex: ☐ male ☒ female
Color: Green Status: ☒ healthy ☐ sick ☐ deceased
Name: Iguana iguana

If animal has not been quarantined, why not?

normal behavior. Healthy animal

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

normal behavior

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: 11/20/2018

Time of injury:
(if known) 13:12

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Guest was feeding iguana + iguana bit guest's right index finger. The finger bled slightly. Treated with alcohol wipe and bandaid.

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Gabriella

Last Name: Marquez

Address:

County:

City:

ZIP code:

Phone:

Patient ID/MR #:

DOB: 4 yo

Parent/Guardian Name: Lindsey Marquez

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Emilee Fields

Date: 11/23/18

Animal

Type	Description
<input type="checkbox"/> Mammal	Species: <u>Iguana iguana</u> Sex: <input type="checkbox"/> male <input type="checkbox"/> female Color: <u>Green</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased Name: _____
<input type="checkbox"/> Avian	
<input type="checkbox"/> Fish	
<input checked="" type="checkbox"/> Reptile	
<input type="checkbox"/> Other: _____	

If animal has not been quarantined, why not?

Animal is healthy

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination: _____

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal behavior. Acting normally.

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury: 11/23/2018

Time of injury: (if known) 10:15 am

Type of injury: ☐ Bite ☒ Scratch ☐ Other: _____

Circumstances of injury:

Cleaning an iguana's face, it turned and scratched her arm. Small amount of blood present. Treated w/ band aid.

Date of CPW report: _____

Time of report: _____

CPW Officer: _____

Phone: _____

Patient

First Name: Kristen Saucedo

Last Name: Saucedo

Address: _____

County: _____

City: _____

ZIP code: _____

Phone: _____

Patient ID/MR #: _____

DOB: _____

Parent/Guardian Name: _____

Phone: _____

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other: _____

Physician

Physician Name: _____

Phone: _____

Name/Address of Practice: _____

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Emilee Fields

Date: 11/25/2018

Animal

Type	Description
<input type="checkbox"/> Mammal	Species: <u>Cacatua alba</u> Sex: <input type="checkbox"/> male <input checked="" type="checkbox"/> female Color: <u>white</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased Name: <u>Bella</u>
<input checked="" type="checkbox"/> Avian	
<input type="checkbox"/> Reptile	
<input type="checkbox"/> Amphibian	
<input type="checkbox"/> Fish	
<input type="checkbox"/> Other: <u></u>	

If animal has not been quarantined, why not?

Healthy, acting normally

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Healthy and showing normal behavior

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer Date of injury: 11/25/2018 Time of injury: (if known) 16:00

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Trying to get Bella to step up and go back to her perch. Bella bit Emilee's left index finger and drew blood. Treated w/ bandaid

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Emilee

Last Name: Fields

Address:

County:

City:

ZIP code:

Phone:

Patient ID/MR #:

DOB: 23 yo

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Emilee Fields

Date: 11/25/2018

Animal

Type	Description
<input type="checkbox"/> Mammal	Species: <u>Iguanaiguana</u> Sex: <input type="checkbox"/> male <input checked="" type="checkbox"/> female Color: <u>Green</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased Name: _____
<input type="checkbox"/> Amphibian	
<input type="checkbox"/> Avian	
<input type="checkbox"/> Fish	
<input checked="" type="checkbox"/> Reptile	Other: _____

If animal has not been quarantined, why not?

Healthy, normal behavior

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination: _____

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Animal is healthy + showing normal behavior

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: 11/25/2018

Time of injury:
(if known) 17:20

Type of injury: ☒ Bite ☐ Scratch ☐ Other: _____

Circumstances of injury:

Guest was feeding iguana and left index finger was bitten. Broke skin and bled a bit. Treated w/ antiseptic wipe and band aid

Date of CPW report: _____

Time of report: _____

CPW Officer: _____

Phone: _____

Patient

First Name: Ivan

Last Name: Widdfield

Address: _____

County: _____

City: _____

ZIP code: _____

Phone: _____

Patient ID/MR #: _____

DOB: _____

Parent/Guardian Name: Sabina Quintanilla (mother)

Phone: _____

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other: _____

Physician

Physician Name: _____

Phone: _____

Name/Address of Practice: _____

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Robert LeSage

Date: 12/9/2018

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Urobatis halleri</u>
<input type="checkbox"/> Avian <input checked="" type="checkbox"/> Fish	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Color: <u>Beige</u>
	Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
	Name: <u>California Round Ray</u>

If animal has not been quarantined, why not?

Normal Behavior, healthy

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Acting normally, healthy animal

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer Date of injury: 12/9/2018

Time of injury:
(if known) 19:15

Type of injury: ☐ Bite ☐ Scratch ☒ Other: Stingray barb sting

Circumstances of injury:

Brandy was trimming the stingray barbs and was struck in the hand. Sought medical attention

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Brandy

Last Name: Whitaker

Address:

County:

City:

ZIP code:

Phone:

Patient ID/MR #:

DOB: 23yo

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called

☒ Other: Centura Urgent Care

Physician

Physician Name: Centura Health Urgent Care

Phone: 303-649-3620

Name/Address of Practice: 3280 S. Wadsworth Blvd., Lakewood CO 80227

Email completed form to dnr_wildlife.speciallicensing@state.co.us

and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: David Slater

Date: 12/22/18

Animal

Type	Description
<input type="checkbox"/> Mammal	Species: <u>Diodon Hiloanthus</u>
<input type="checkbox"/> Amphibian	Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian	Color: <u>Brown</u>
<input checked="" type="checkbox"/> Fish	Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input type="checkbox"/> Reptile	Name: <u>Puffer fish</u>
<input type="checkbox"/> Other: <input type="text"/>	

If animal has not been quarantined, why not?

Not Necessary

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown

Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: 8/21/18

Time of injury:
(if known) 5:15 pm

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

guest put finger in water while feeding and got bit, drawing blood

Date of CPW report: 12/22/18

Time of report: 9:30 am

CPW Officer:

Phone:

Patient

First Name: Kellie Ringueberg

Last Name: Ringueberg

Address:

County:

City:

ZIP code:

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other: Bandaid

Physician

Physician Name:

Phone:

Name/Address of Practice:

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September 2018



Aquarium Incident Report

DATE: 12/27/2018
NAME: Angela Klein (Sam Klein-minor)
PHONE: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
EMAIL: [REDACTED]

Date of birth or age? 8yo
Seeking medical attention? bandaid, etc
If yes, where? Finger

Time of incident: 3:08
Location of incident: Iguana Area - Seaquest
Guest Signature: Angela Klein

Witnesses: _____

Description of incident / treatment:

Iguana bit child during feeding no witness.
Sydney Applied first aid, cleaned finger tip
with alcohol pad then bandaged. Minimal
blood.

Employee signature(s): [Signature] / Sydney Brown



Aquarium Incident Report

☐ Guest Incident

☒ Team Member Incident

DATE: 01/02/2019

NAME: Beth Brewster

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? [REDACTED]

Seeking medical attention? no

If yes, where? N/A

Time of incident: 11:00 am

Location of incident: Iguana

Guest Signature: N/A

Witnesses: N/A

Description of incident / treatment:

Iguana started to climb guest's leg. Beth removed the iguana and was scratched on the right palm and wrist. Some blood.

Species and Name of Animal (If applicable): Iguana iguana

Team Member Signature(s): Beth Brewster



Aquarium Incident Report

DATE: 1/4/2019

NAME: Mariah Contreras

PHONE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

EMAIL: [REDACTED]

Date of birth or age? [REDACTED] 21 yrs

Seeking medical attention? no

If yes, where? N/A

Time of incident: 11:13

Location of incident: Iguana Exhibit

Guest Signature: _____

Witnesses: Mariah Contreras

Description of incident / treatment:

~~Was~~ Jumped on my left shoulder to try and get to the door, went to move and got their nail - caught in my face on the left side under my eye, put iodine on the scratch and washed it out.

Employee signature(s): Mariah [Signature]



SeaQuest Injury Reporting Form

Reported by:

David Slater

Date:

1/5/19

Animal

Type

- ☐ Mammal ☐ Amphibian
☐ Avian ☐ Fish
☒ Reptile ☐ Other:

Description

Species:

Iguana/Iguana

Sex:

☒ male ☐ female

Color:

green

Status:

☒ healthy ☐ sick ☐ deceased

Name:

Iguana

If animal has not been quarantined, why not?

Not Necessary

If mammal, is the animal currently vaccinated for rabies?

☐ Yes ☐ No ☐ Unknown

Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury:

1/5/19

Time of injury:
(if known)

11:13 am

Type of injury: ☐ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Iguana jumped on to employee's shoulder + got scratched on face

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name:

Marich ~~Contreras~~

Last Name:

Contreras

Address:

[REDACTED]

County:

City:

[REDACTED]

ZIP code:

[REDACTED]

Phone:

[REDACTED]

Patient ID/MR #:

[REDACTED]

DOB:

[REDACTED]

Parent/Guardian Name:

[REDACTED]

Phone:

[REDACTED]

Type of medical care rendered:

☐ Wound care

☐ EMS called

☒ Other:

Iodine + washed out

Physician

Physician Name:

[REDACTED]

Phone:

[REDACTED]

Name/Address of Practice:

[REDACTED]

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September 2018



Aquarium Incident Report

DATE: 1/5/19
NAME: Jenny Robbins (Asher-son)
PHONE: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]
EMAIL: [REDACTED]
Date of birth or age? [REDACTED] - 8 yrs
Seeking medical attention? NO
If yes, where? _____
Time of incident: 12:06pm
Location of incident: Tang Angle tank
Guest Signature: Jenny Robbins
Witnesses: _____

Description of incident / treatment:

Bit on right thumb by puffer fish.

Employee signature(s): [Signature]



SeaQuest Injury Reporting Form

Reported by: Alexis Clements

Date: 1/7/2019

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Iguana iguana</u> Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian <input type="checkbox"/> Fish	Color: <u>Green</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input checked="" type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Name: <input type="text"/>

If animal has not been quarantined, why not?

Healthy, Normal behavior

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown

Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Acting normally, Healthy Animal

Injury sustained by: ☒ Guest ☐ Employee ☐ Volunteer

Date of injury: 1/7/2019

Time of injury:
(if known) 14:45

Type of injury: ☐ Bite ☒ Scratch ☐ Other:

Circumstances of injury:

Iguana jumped onto child's chest and got a claw inside her mouth.
Mouth bled a bit.

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Sarah

Last Name: Kayser

Address:

County:

City:

ZIP code:

Phone:

Patient ID/MR #:

DOB: 6yo

Parent/Guardian Name: Julie Kayser (mom)

Phone:

Type of medical care rendered: ☒ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

Email completed form to dnr_wildlife.speciallicensing@state.co.us

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September 2018



SeaQuest Injury Reporting Form

Reported by: Jamie Begger

Date: 1/10/2019

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Varanus salvator</u> Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian <input type="checkbox"/> Fish	Color: <u>black/white</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input checked="" type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Name: <u>Spartacus, Asian Water Monitor</u>

If animal has not been quarantined, why not?

Animal is healthy

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown

Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal behavior

Injury sustained by: ☐ Guest ☒ Employee ☐ Volunteer

Date of injury: 1/10/2019

Time of injury: (if known) 18:45

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

Harrison was feeding Spartacus w/ tongs when he jumped up and bit Harrison on his right hand. Few drops of blood; cleaned and used band aid.

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

First Name: Harrison

Last Name: Rice

Address:

County:

City:

ZIP code: 80123

Phone:

Patient ID/MR #:

DOB:

Parent/Guardian Name:

Phone:

Type of medical care rendered: ☐ Wound care ☐ EMS called ☐ Other:

Physician

Physician Name:

Phone:

Name/Address of Practice:

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and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



SeaQuest Injury Reporting Form

Reported by: Brad Lowenstein

Date: 1/18/2019

Animal

Type	Description
<input type="checkbox"/> Mammal <input type="checkbox"/> Amphibian	Species: <u>Centrochelys sulcata</u> Sex: <input checked="" type="checkbox"/> male <input type="checkbox"/> female
<input type="checkbox"/> Avian <input type="checkbox"/> Fish	Color: <u>Brown</u> Status: <input checked="" type="checkbox"/> healthy <input type="checkbox"/> sick <input type="checkbox"/> deceased
<input checked="" type="checkbox"/> Reptile <input type="checkbox"/> Other: <input type="text"/>	Name: <u>Stormin Norman</u>

If animal has not been quarantined, why not?

Normal behavior

If mammal, is the animal currently vaccinated for rabies? ☐ Yes ☐ No ☐ Unknown

Date of last vaccination:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Normal behavior. Healthy animal

Injury sustained by:

Date of injury: 1/18/2019

Time of injury:
(if known)

Type of injury: ☒ Bite ☐ Scratch ☐ Other:

Circumstances of injury:

was posing for picture w/ Norman. held out hand to Norman and wasn't watching when Norman bit. Little blood. Bandaid given.

Date of CPW report:

Time of report:

CPW Officer:

Phone:

Patient

Physician

Physician Name:

Phone:

Name/Address of Practice:

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and to Jennifer House at jennifer.house@state.co.us | fax: 303-782-0338.

September 2018



Aquarium Incident Report

☐ Guest Incident

☐ Team Member Incident

DATE:

1/18/19

Individual identifying information

Description of incident / treatment:

[redacted] was feeding Norman and [redacted]
[redacted] so [redacted] held out [redacted] hand a little longer and
got nipped. An alcohol pad and bandaid were used to
help the wound. Drew blood

Species and Name of Animal (If applicable): Sulcata Tortoise

Team Member Signature(s): Bradley Lowenstein



Aquarium Incident Report

☐ Guest Incident

☐ Team Member Incident

DATE: 4/23/2019

Individual identifying information

Description of incident / treatment:

Our Pig bit the right forearm of [redacted] when [redacted]
went ~~up~~ to pick up ~~the~~ food that [redacted] dropped in front of
him. There was a small amount of blood + bruising

Species and Name of Animal (If applicable): Sus scrofa domestica

Team Member Signature(s):

A handwritten signature in black ink, appearing to be "H. [unclear]", written over a horizontal line.



Aquarium Incident Report

☐ Guest Incident

☐ Team Member Incident

DATE: 4/25/19

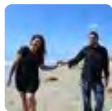
Individual identifying information

Description of incident / treatment:

Guest went to pet Fudge^(Pig) near his head then he lunged at [redacted] hand and bit [redacted]. He showed no sign of aggression before it had happened. We treated w/ Iodine & bandage. [redacted] went to Urgent Care.

Species and Name of Animal (If applicable): Pig Sus Scrofa domestica

Team Member Signature(s): [Signature]

Cady S.**Oceanside, CA**

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5/31/2019



1 check-in

Very hot in the entire thing. They have a random pig in the bird encounter...the pig bit my 3 year old niece :/ broke skin thru her pants and we were rushed out of the room. (Weren't offered first aid, we had to ask for a bandaid and something to take care of it) the coolest part was hand feeding the sting rays. Also you can feed a lot of other animals but the dispensers were empty :/ would rather go to the Denver zoo which also has an aquatic area for just a couple bucks more.

**Sting Ray feeding exhibit****Comment from Jessica H. of SeaQuest Littleton**

Business Manager

6/3/2019 We are sorry your experience was not up to our standards of excellence. We would like to invite you out for a personal tour to further address your concerns. Please email our General Manager, David, at david.slater@visitseaque... to set up a personal tour.[Read less](#)