

Aquarium Incident Report	Aquarium	Incident	Report
--------------------------	----------	----------	--------

DATE: 6/5/18
NAME:
PHONE:
ADDRESS:
CITY: STATE ZIPCODE:
Date of birth or age?
Seeking medical attention? $\underline{VeS}$
If yes, where? Closest medical Facility
Time of incident: $7:45$
Location of incident: Sloth exhibit
Team member signature:
Witnesses: Amber
Description of incident / treatments
Attempting to move sloth to crate Using banvaga
Jamie went to grab Bannand and sloth bit her
arm.
Employee signature(s):



<u><u></u></u>	26	
NAME:		
PHONE:		
ADDRESS:		
CITY:	STATE:	ZIPCODE
EMAIL:		
Date of birth or a	CARLES FROM THE CONTRACT OF A CARLES OF A	
Seeking medical	attention? <u>NO</u>	
If yes, where?		
Time of incident:	1200	
Location of incide	ent: LIZARD CAGE	
Team member sig	gnature:	
Witnesses:		
	ident / treatment:	, GMALL IST LATER
GEN BLOK	FN.	- Smart Chick
Employee signatu	re(s1: _	



Aquarium Incid	lent Report
DATE: 8/17/18	
NAME:	
PHONE: _	
ADDRESS:	
CITY:STATE:	ZIP CODE:
EMAIL:	
Date of birth or age?	
Seeking medical attention?	
If yes, where?	
Time of incident:	
Location of incident: Tom Red Trau	Bossk
Guest Signatur	
Witnesses:None.	

Description of incident / treatment: Took Bossk (Red Tequ) to a B-DOY party. On the way to take him back, he was getting a little roudy and sratch my left arm and was bleeding. + needed a bandaid. U + Alcoholswab Employee signature(s):



DATE: 8-22-18	
NAME: Addyson La Fange Paul La Fan	ge (DaD)
PHONE:	
ADDRESS:	
CITY: STATE:	ZIP CODE:
EMAIL:	
Date of birth or age? <u>11-6-2016</u>	-
Seeking medical attention?	
If yes, where?	
Time of incident: <u>12.25</u>	-
Location of incident: Amazon	
Guest Signature: PULq Farge	
Witnesses: Jana Nyberg	

Description of incident / treatment:

Uttle girl	was	Fudina	iquana	a and	it bit	her
left hand	ring	finger	. Trea	tment	- was	
left hand alcohol	pads	anda	band	aid. Cu	it did	bleed.

Employee signature(s): \_



SeaQuest
INTERACTIVE AQUARIUM

DATE: BTZLe	110		
NAME:			
PHONE:			
ADDRESS:_			
CITY:_	_ STATE:_	ZIP CODE:	
EMAIL: _			
Date of birth or age?			
Seeking medical attenti	ion? <u>no</u>		
If yes, where?			
Time of incident:	7:31 pm		
Location of incident:	Stomin A	Jonnan	
Guest Signature	2		
Vitnesses: Alexis	· ·		

Description of incident / treatment:

Alexis talking omerts. while talking to her fina 6 the SKIV Treated R wit au SWa and Dav Employee signature(s):



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

#### **Re: REPORTING: Incident Reports**

1 message

 Vince Covino
 Fri, Aug 17, 2018 at 10:09 AM

 To: "McKee - DNR, Jerrie" <jerrie.mckee@state.co.us>
 Crystal Chick - DNR <crystal.chick@state.co.us>, "Slater - DNR, Erik"

 Cc: Kelly Miller 
 Crystal Chick - DNR <crystal.chick@state.co.us>, "Slater - DNR, Erik"

 <erik.slater@state.co.us>, Garett Watson - DNR <garett.watson@state.co.us>, Greg Ochojski 

 Kent Sager 
 Shane Dietz 

Ha, didn't even occur to me that wouldn't make sense outside of our team:) He's a Sulcatta 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 < Hi Jerrie,

wrote:

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

Guest Incident	Team Membe	er Incident	
DATE: 08/27	2018		
NAME: _			-
PHONE:			
ADDRES			
CITY:_	_ STATE:	ZIP CODE: _	
EMAIL: N/A			
Date of birth or age?	24		
	ion? Us Called	1911	
If yes, where? ULL	0	in the second	
Time of incident: 3!	55 PM	12 12 10 1	1. J
	TANG ANGEL		- JUTN
Guest Signature:		DENT REPE	RELEAVE
	O FOOTAGE)	A State State State	
Witnesses. <u>Conse</u>			
		-	
Description of incident	/ treatment: Ro	INDEX.	
5	TUCK FINDER	IN EXHIBIT	
PLAFFER BIT	FINDER 4 5	HE FLINGS	TOT
AND CATCHE	3 BRURE TI	NUCHINA GU	EVHRIT
SHE STUK	S IT BACK	De la D	and Dia
Species and Name of A	Animal (If applicable): <u>+</u>	HUMPE PU	MGK
Team Member Signatu		5	

IN THE STATEM. VIDEO FOOTAGE SHOWS OTHER

AND POBLERT ASKS IF SHE WOULD LIKE TO FILL OUT AN INCIDENT REPORT. SHE DECU AND THIS WAS WITNESSED BY LANDA, BRAD F MEDIAN M.

111 WITH DIFFICULTIES BREATHING & NUMBR

OBERT PROCESOS TO FUL OUT THIS INCIDE PORT. LANGA RELORDED THE VIDEO FOUT

The same to share an provide the state of the state.

The second state of the se

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The Participation attacked in

in the state of the state of the second of the second of the

「ないのです」をすいたいとうでありのないのですであります」



Wildlife, Special Licensing, DNR <dnr\_wildlife.speciallicensing@state.co.us>

wrote:

Tue, Aug 28, 2018 at 5:10 PM

#### Fwd: Incident Report (08.27.18)

1 message

#### Emily Rozzo <

To: dnr\_wildlife.speciallicensing@state.co.us

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

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

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 |

On Mon, Aug 27, 2018 at 5:19 PM Robert LeSage <

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 numbress 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



Wildlife, Special Licensing, DNR <dnr\_wildlife.speciallicensing@state.co.us>

Fwd: Incident Repo	rt (08.27.18)			
<b>Emily Rozzo</b> < To: dnr_wildlife.speciallicensi	ng@state.co.us		Tue, A	ug 28, 2018 at 5:09 PM
Please see attached.				
Forwarded message	le			
From: Robert LeSage <				
Date: Mon, Aug 27, 2018 a				
Subject: Incident Report (0	8.27.18)			
To: Emilee Fields <	>, E	Emily Rozzo <		Harry Vyhnanek
<	>, Kent Sager <		Laura Edelstein <	
Monica	a Savino <	m>		

Attached

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

Anima Anima Anima Anima Anima Anima China Pin Senation Senation	XXX	
	SeqQuest INTERACTIVE AQUARIUM	
	Aquarium Incident Report	
	Guest Incident   DATE:   08/22/18   PHONE:	· .
	ADDRESS	
	Date of birth or age? $29(2)$	
	Seeking medical attention? <u>NO</u> If yes, where? <u>Signal</u>	, i
	Time of incident: 5:46 Location of incident: Forana Pit	, i
	Guest Signature:	
	Witnesses: ALEX K	
	Description of incident / treatment: <u>Janana bit - L hand 4 digit.</u> <u>TREADE UT ANTIBIONC &amp; BANDAID (ROBERT)</u>	
	Species and Name of Animal (If applicable): 1600000	

--Best, Emily

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



🔲 Guest Incident 🕅 🕅 Te	am Member Incident
DATE: 9318	
NAME:	
PHONE:	-
ADDRESS:	
CITY:STATE:	ZIP CODE:
EMAIL:(	
Date of birth or age?	
Seeking medical attention?	
If yes, where?	······································
Time of incident: 10:15	
Location of incident:gnana	Enclosure
Guest Signature:	
Witnesses: N/A	
Description of incident / treatment:	
an iguana was leg. Allie took Schatched and it	crawling up a gmest's him off, she got broke skin. cleaned
<u>VIUDO</u> OTF.	able). Taining it is a
Species and Name of Animal (If applic	avier, your in iguaria

Team Member Signature(s): \_\_\_\_\_



🔲 Guest Incident	🔀 Team	Member Incident	
DATE: <u>9/4/18</u>			
NAME:			
PHONE:			
ADDRESS:_	,		<u></u>
CITY:	STATE:	ZIP CODE: _	
EMAIL:	5		-
Date of birth or age? _	23		
Seeking medical attent	tion? <u>ND</u>		
If yes, where?			
Time of incident:	1:28		
Location of incident:		closure: tree	<u> </u>
Guest Signature:	Francy Aiteta	the	
Witnesses: Emil	e Fields	5	

#### Description of incident / treatment:

There	was	an io	riana	in t	he tr	ee pert
to 1	The ex	1 CLOSUN	e. Bro	indy	Was	helping
BIR	to get	Nim	out.	He	Scrati	ched her
and	broke	skin	Treated	with	h ant	iseptic.

Species and Name of Animal (If applicable): <u>Journa iguana</u>

Team Member Signature(s):



🗖 Guest Incident 🛛 📈 Team Member Incident
DATE: 9/4/18
NAME:
PHONE:
ADDRES
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age?
Seeking medical attention?
If yes, where?
Time of incident: <u>9:28</u>
Location of incident: Agrama enclosme: tree
Guest Signature:
Witnesses: Emilee Fields

#### Description of incident / treatment:

me tree ne MAS ANDINA 121am NZA SN 0 04 dr SCNA tome 5 0 cleaning -11 veate Inn Species and Name of Animal (If applicable): <u>Tavana</u> iguana Team Member Signature(s): \_

	Aquarium Incident Report
Guest Incident	Team Member Incident
DATE: 09/08/201	8
NAME:	
PHONE	
ADDRE	
CITY:	STATE: ZIP CODE:
EMAIL:	
Date of birth or age?	(2245)
Seeking medical atte	ntion? <u>nope</u>
If yes, where?	
Time of incident:	30
Location of incident:	topages iguana enclosure
Guest Signature:	
Witnesses: Mean	Milled the
0.	
Description of incider	
	& soretened neck w/ Gront claws
drew blood. Tr	coment: 4 alcohol pads (3)



p.

# Aquarium Incident Report

Guest Incident
DATE: VITO TE
NAME: Trevor Cabain
PHONE:
ADDRESS:
CITYSTATEZIP CODE:
EMAIL:
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: and Color
Witnesses: Hannah, Abigall, Alexandria Brim
Description of incident / treatment:
Feeding Ighana (Bit finger)
Accidentally (Trevor pulled back)
SCOPEd Firster Caused Dieeding
(right middle Einger), alcohol wipe, antibiotic cintment, (bandaid applied
Species and Name of Animal (If applicable): <u>Javana iguana</u>
Team Member Signature(s):
Alexandria Brim



COLORADO Disease Control & Environmental Epidemiology Division

the second s			Reported by:	Harrison	12110	Date: 9/14
Animal			and states	A		
Туре			Descripti	on		
<ul> <li>Mamma</li> <li>Avian</li> <li>Reptile</li> </ul>	l 🗌 Amphibia 🗌 Fish 🗌 Other:	an	Species: Color: Name:		Sex: I male Status: I healt	e 🗌 female thy 🗌 sick 🗌 deceased
animal has	not been quarant	tined, why not?		,1		
	s the animal curre		l for rabies? 🗌 Yes ng abnormal behavior?)	ALM	Date of last vace	cination:
charlor (cig	, nus annia neac		is a normal benavior.)	Experim		
njurv sustaji	ned by: 🗌 Guest	t Demployee	Volunteer Dat	e of injury: 9-1	Y Time	of injury: 9:25 pm
	+ /-					
Гуре of injui		Scratch	Other:			
ircumstance	es of injury:	en in Cr	and a City	Lundan Coc	1 hochesa	Slovely mad
cod 1	o tehed	and the	ge to thing	s water and	( Downed	, shull not ;
war	atched 0	in ong	nond.	175 0		, struck me,
Date of CPW	report: 9/1	4	Time of report: 7,	aprh		
PW Officer:					Phone	2:
	-				Phone	9:
PW Officer: Patient First Name:				Last Name:	Phone	e:
Patient First Name:				Last Name:		
Patient First Name: Address:				Last Name:	Coun	ty: Jefferson
Patient First Name: Address: City:				Last Name:		ty: Jefferson
Patient First Name: Address: City: Sex	Ethnicity	Race	v.		Coun	ty: <i>Jetferson</i> de:
Patient First Name: Address: City: Sex T Male		Race Asian White	Black or African A	merican	Coun ZIP cou	ty: <i>Jefferson</i> de: ne:
Patient First Name: Address: City: Sex Z Male	Ethnicity	□ Asian □ White □ Multi-racial	□ Black or African A □ American Indian o □ Native Hawaiian c	merican	Coun ZIP cou Pho Patient ID/MF	ty: <i>Jefferson</i> de: ne:
Patient First Name: Address: City: Sex T Male	Ethnicity Hispanic Non Hispanic	Asian White	□ Black or African A □ American Indian c	merican or Alaska Native	Coun ZIP cou Pho Patient ID/MF	ty: <i>Jefferson</i> de: ne:
Patient First Name: Address: City:	Ethnicity Hispanic Non Hispanic Unknown	□ Asian □ White □ Multi-racial	□ Black or African A □ American Indian o □ Native Hawaiian c	merican or Alaska Native	Coun ZIP cou Pho Patient ID/MF	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/2000
Patient First Name: Address: City: Sex Male Hemale Parent/Guar	Ethnicity Ethnicity Hispanic Non Hispanic Unknown	Asian White Multi-racial Unknown	□ Black or African A □ American Indian o □ Native Hawaiian o □ Other Race	merican or Alaska Native or Other Pacific Islander	Coun ZIP cou Pho Patient ID/MF Du Pho	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/2065
Patient First Name: Address: City: Sex T Male Female Parent/Guan	Ethnicity Ethnicity Hispanic Non Hispanic Unknown dian Name: ical care rendere	Asian White Multi-racial Unknown	□ Black or African A □ American Indian o □ Native Hawaiian o □ Other Race	merican or Alaska Native or Other Pacific Islander	Coun ZIP cou Pho Patient ID/MF	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/20000
Patient First Name: Address: City: Sex Aale Female Parent/Guan	Ethnicity Ethnicity Hispanic Non Hispanic Unknown dian Name: ical care rendere	Asian White Multi-racial Unknown	□ Black or African A □ American Indian o □ Native Hawaiian o □ Other Race	merican or Alaska Native or Other Pacific Islander	Coun ZIP cou Pho Patient ID/MF Du Pho	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/2000 ne:
Patient First Name: Address: City: Sex Address: Sex Male Female Parent/Guan Parent/Guan Physician Na	Ethnicity Hispanic Non Hispanic Unknown dian Name: ical care rendere	Asian White Multi-racial Unknown	□ Black or African A □ American Indian o □ Native Hawaiian o □ Other Race	merican or Alaska Native or Other Pacific Islander	Coun ZIP cou Pho Patient ID/MF D Pho Pho Anced or A	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/2050 ne:
Patient First Name: Address: City: Sex Address: Sex Address: Parent/Guan Parent/Guan Physician Na Physician Na	Ethnicity Ethnicity Hispanic Non Hispanic Unknown dian Name: ical care rendere mme: ess of Practice:	Asian White Multi-racial Unknown	□ Black or African A □ American Indian o □ Native Hawaiian o □ Other Race	merican or Alaska Native or Other Pacific Islander	Coun ZIP cou Pho Patient ID/MF D Pho Pho Anced or A	ty: <i>Jefferson</i> de: ne: R#: OB: 10/08/2000 ne:



NAME:		
PHONE		
ADDRE		
CITY:_	STATE:	ZIP CODE:
EMAIL: _		
Date of birth	or age? 🔽 17	
Seeking med	ical attention? <u>No</u>	
If yes, where		
Time of incid	ent: 9:25 pm	
Location of i	ncident: Behind fantasy	J Carl
Guest Signat	ure:	-
Witnesses:		
Description o	of incident / treatment: S opening Barbosa's	cage to fill his water
when h	, struck and latered	.onto my hand.
		(Rython bivittatus)
Species and	Name of Animal (If applicable):	burnese python - Bar
	er Signature(s):	1



COLORADO Disease Control & Environmental Epidemiology Division

			Reported by:			Date: 01/15/18
Animal		La state of		at a hit		
Туре			Descript	tion		
<ul><li>Mammal</li><li>Avian</li><li>Reptile</li></ul>	<ul><li>Amphibia</li><li>Fish</li><li>Other:</li></ul>	an	Species: Color: Name:	Valans Salvatas Black + Yellows Spartacus		☐ female □ sick □ deceased
f animal has	not been quarant	ined, why not?	He is he	althy		
					Date of last vaccina	tion:
	, was animal health		ng abnormal behavior?)			
Injury sustain	ed by: 🗌 Guest	Employee	🗌 Volunteer Da	ate of injury: 9/15/	IF Time of i	njury: 135
Type of injur	y: 🗌 Bite 🗘	Scratch 🗌	Other:			
Circumstance						
Hord	to rem	nove :	Spartacu	s from t	e wate	- SU
marin	e could	Clean.	Scrater	ned me white white white white white we will be a series of the series o	en transe	erring him to
Data of CDW	report: Other	205-		MC I		
Jale of CPW	report:	STUS -	Time of report:		ang con	tains
CPW Officer:		245	Time of report: 🖁		Phone:	tains
CPW Officer:		2145*	Time of report: 🕻			tains
CPW Officer: Patient			Time of report: 🕻		Phone:	tains
CPW Officer: Patient First Name:	AShlei		Time of report: 🕻		Phone:	
CPW Officer: Patient First Name: Address:			Time of report:		Phone: STOP County:	tains. Arapahoe
CPW Officer: Patient First Name: Address: City:	AShlei	gh	Time of report:		Phone:	
CPW Officer: Patient First Name: Address: City: Sex	AShle i Ethnicity	CM Race		Last Name: Bel	Phone: STOP County:	
CPW Officer: Patient First Name: Address: City:	AShlei	gh	Time of report: 《	Last Name: Bel	Phone: STOP County: ZIP code:	Arapahoe
CPW Officer: Patient First Name: Address: City: Sex Male	Ethnicity	CM Race	Black or African	Last Name: Bel	Phone: Signal County: ZIP code: Phone: Patient ID/MR #:	Arapahoe
CPW Officer: Patient First Name: Address: City: Sex Male Female	Ethnicity Hispanic Non Hispanic Unknown	Race Asian K White Multi-racial	Black or African American Indian	Last Name: Be	Phone: STORE County: ZIP code: Phone: Patient ID/MR #: DOB:	Arapahoe
CPW Officer: Patient First Name: Address: City: Sex Male Ale Female Parent/Guar	Ethnicity Ethnicity Hispanic Unknown dian Name:	Race Asian White Multi-racial Unknown	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be American or Alaska Native or Other Pacific Islander	Phone: STORE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe 10/08/91
CPW Officer: Patient First Name: Address: City: Sex Male Ale Female Parent/Guar	Ethnicity Hispanic Non Hispanic Unknown	Race Asian White Multi-racial Unknown	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be American or Alaska Native or Other Pacific Islander	Phone: STORE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe
CPW Officer: Patient First Name: Address: City: Sex Male Ale Female Parent/Guar	Ethnicity Ethnicity Hispanic Unknown dian Name:	Race Asian White Multi-racial Unknown	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be American or Alaska Native or Other Pacific Islander	Phone: STORE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe 10/08/91
CPW Officer: Patient First Name: Address: City: Sex Male Female Parent/Guar Type of medi	Ethnicity Ethnicity Hispanic Unknown dian Name: cal care rendered	Race Asian White Multi-racial Unknown	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be American or Alaska Native or Other Pacific Islander	Phone: STORE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe 10/08/91
CPW Officer: Patient First Name: Address: City: Sex Male Aremale Parent/Guar Type of medi Physician Na	Ethnicity Ethnicity Hispanic Unknown dian Name: cal care rendered	Race Asian White Multi-racial Unknown	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be American or Alaska Native or Other Pacific Islander	Phone: STOPE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe 10/08/91
CPW Officer: Patient First Name: Address: City: Sex Male Ale Female Parent/Guar Type of medi Physician Na Name/Addre	Ethnicity Ethnicity Hispanic Non Hispanic Unknown dian Name: cal care rendered me: ss of Practice:	Race Race Asian White Multi-racial Unknown d: D Wound ca	<ul> <li>Black or African</li> <li>American Indian</li> <li>Native Hawaiian</li> <li>Other Race</li> </ul>	Last Name: Be	Phone: STOPE County: ZIP code: Phone: Patient ID/MR #: DOB: Phone:	Arapahoe 10/08/91



Guest Incident	🔲 Team Member	Incident	
DATE: 9/15/18			
NAME: _			
PHONE:			
ADDRES			
CITY: STA	TE:	ZIP CODE	
EMAIL:			
Date of birth or age?2	3	-	
Seeking medical attention? _		-	
If yes, where?			-
Time of incident:	L	-	
Location of incident: SMAN	1 Lagoon -	South Pacific	
Guest Signature:			
Witnesses: $N/A$			
	. Salarda B		
Description of incident / trea		shave in sha	A
	ame up	to det the	
Food. WINKE	skin or	middlesp	vointer
fingers on v	ignt hand	, treated by	washing
() Species and Name of Animal	(If applicable):	loscyllium pla	glosum
Team Member Signature(s):	9 -		<i>u</i>



# COLORADO Disease Control & Environmental Epidemiology Division

Rep	orted by: David Sla	Date:	9/27/18
Animal			
Type/ Wullaby	Description	risens,	
Mammal Amphibian	Species: Mucropustorula	Sex: I male	female
Avian Fish	Color: Brown	Status: 🕑 healthy 🗌	
	Color: Seover -		
	Name: 🖏 💦		
If animal has not been quarantined, why 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:		
Normelly he has been pine b.	d occasionally he	does Jump of	- nip.
Injury sustained by: Guest Employee Volunte	eer Date of injury: 7/27	Time of injury (if known	: 12:30 pm
Type of injury: 🗌 Bite 🛛 Scratch 🗌 Other:			
Circumstances of injury: Alex attempted to reave the w grabbed his arm and scrutched	- Kicked cansing	the right arm	y for pleed
Date of CPW report: Time of re	eport:		
CPW Officer:		Phone:	
Patient			
First Name: Alex Kilse	Last Name: K: be		
Address:	- -	County:	
City:		ZIP code:	
Sex Ethnicity Race		Phone:	
and the second se	or African American can Indian or Alaska Native	Patient ID/MR #:	
	Hawaiian or Other Pacific Islander		
Unknown Other	Race	DOB:	
Parent/Guardian Name:		Phone:	· · · · · · · · · · · · · · · · · · ·
Type of medical care rendered: $\Box$ Wound care $\Box$ EM	IS called D Other: No	treatment ne	eled
Physician			
Physician Name:		Phone:	
Name/Address of Practice:			
Email completed form to dnr_wildlife.speciallicer and to Jennifer House at Jennifer House@state.co.us   fax: 30			September 2018

	С
	Di: Ep
Constantine and the second second	132

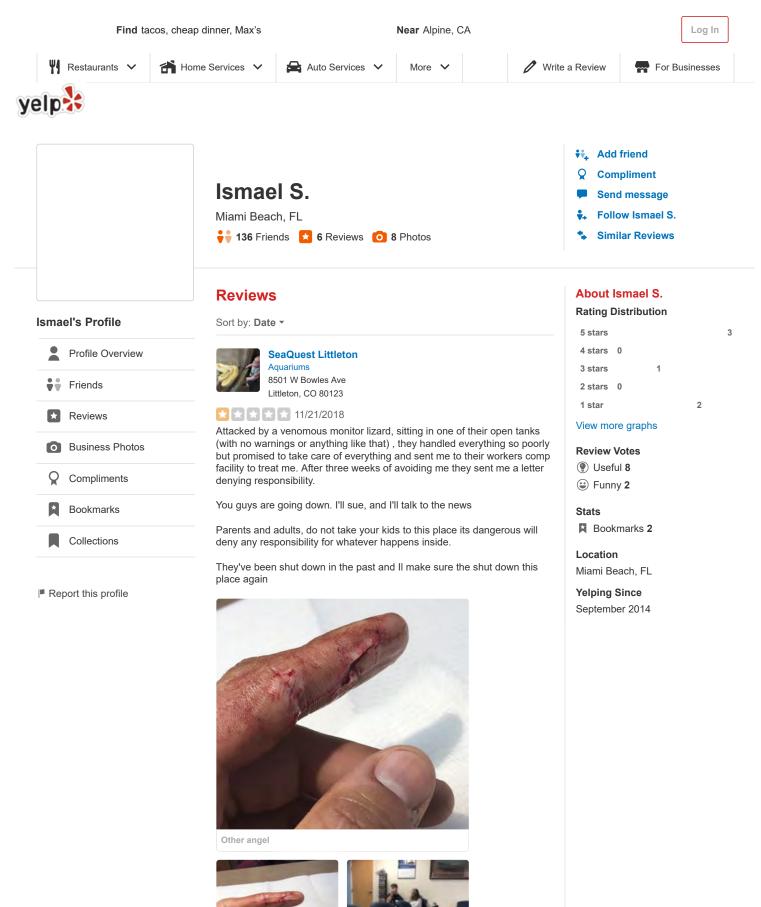
#### OLORADO sease Control & Environmental ademiology Division

	Reported by: Krister		Date: 912812015
Animal Type	Description		
Mammal Amphibian Avian Fish Reptile Other:	Species: Wallaba Color: Brown Name: Ben		female sick deceased
If animal has not been quarantined, why not?			
If mammal, is the animal currently vaccinated for rab Behavior (e.g., was animal healthy, ill, or exhibiting abnor Healthy and playfull.			
Injury sustained by: 🗌 Guest 🕅 Employee 🗌 Vol	unteer Date of injury:	912812018 Time of (if	injury: known)
Type of injury: Water Scratch Dother: Circumstances of injury: Was exhibiting play behavior	and phyes v	vith handle-	
Date of CPW report: 9/28/18 Time of	of report: 10:36		
CPW Officer:		Phone:	
Patient			and the strength of the strength
First Name: Kristen	Last Name:	Saucedoo	· · ·
Address: City:		County: ZIP code:	
NM Frank	ck or African American erican Indian or Alaska Native	Phone:	
🗌 Unknown 🗌 Multi-racial 🗌 Na	tive Hawaiian or Other Pacific her Race	i acterite ib/ inite ar	
Parent/Guardian Name: Deanne Scal	JCC to	⇒Phone:	• •
Type of medical care rendered: $ ar{ m N}$ Wound care $ \square$	EMS called 🛛 🕅 Other:	alcohal wipes	
Physician			
Physician Name: N/A		Phone:	
Name/Address of Practice: $N/A$			· · · · · · · · · · · · · · · · · · ·
Email completed form to dnr. wildlife.speciall and to Jennifer House at jennifer.house@state.co.us   fax			September 2018



COLORADO Disease Control & Environmental Epidemiology Division

	Reported by: Dur tol Slut	Date:	9/29/18
Animal Type	Description		
Mammal Amphibian  Avian Fish Reptile Other:  If animal has not been quarantined, why not?		Sex: _ male _ fe Status: _ healthy _ sid	
If mammal, is the animal currently vaccinated for rat	pies?  Yes No Unknown	Date of last vaccination:	
Behavior (e.g., was animal healthy, ill, or exhibiting abnor	mal behavior?) Explain:		
Normal + Healthy			
Injury sustained by: Guest Employee Vol	lunteer Date of injury: $9/39$	Time of injury: (if known)	2:45
Type of injury: 🕼 Bite 🗌 Scratch 🗌 Other:			
Circumstances of injury:			
bucst feeding a borikeet und Date of CPW report: 1/29 Time	d accidently got bit of report: 3:30	on finser tip, e	diawing blood
CPW Officer:		Phone:	
Patient			
First Name: Alataa	Last Name: Veal	mag poor	
Address:		County:	
City:		ZIP code:	
Sex Ethnicity Race	· · · · · · · · · · · · · · · · · · ·	Phone:	
	ack or African American nerican Indian or Alaska Native	Patient ID/MR #:	
	ıtive Hawaiian or Other Pacific Islander her Race	DOB:	
Parent/Guardian Name: Seoth Venter	· · · ·	Phone:	
Type of medical care rendered: 🗌 Wound care	EMS called I Other: Bun	laid	
Physician			
Physician Name:		Phone:	
Name/Address of Practice:		· · · · ·	
Email completed form to dnr_wildlife.speciall and to Jennifer House at jennifer.housexistate.co.us   fa			September 2018



At their workers comp

facility

https://www.yelp.com/user details?userid=p2O2z-phUmxuFuSXbZ8oPg

One side of the wound of

a venomous monitor

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



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

Thank you,

Lindsay Waskey, Esq.

Counsel

PETA Foundation



#### COLORADO Disease Control θ Environmental Epidemiology Division

	Reported by: David Slute: Date: 10/3/18
Animal Type	Description
Mammal       Amphibian         Avian       Fish         Reptile       Other:         If animal has not been quarantined, why not?       -	Species: Cocatua Sulphula Sex: I male I female Color: White Status: I healthy sick deceased Name: Cacatoo Bella WIA
If mammal, is the animal currently vaccinated for rab Behavior (e.g., was animal healthy, ill, or exhibiting abnor	
healthy pormal behavior Injury sustained by: Guest Employee Vo Type of injury: Bite Scratch Other: Circumstances of injury:	lunteer Date of injury: 10/2/18 Time of injury: 6:15
	lockatoo + was bit on hand, drawing blood of report:
CPW Officer:	Phone:
Patient	
First Name: Alexandra	Last Name: Watzen
Address:	County:
City:	ZIP code:
Sex Ethnicity Race	Phone:
Female     Non Hispanic     White     An	ack or African American nerican Indian or Alaska Native Patient ID/MR #:
	tive Hawaiian or Other Pacific Islander ther Race DOB:
Parent/Guardian Name:	Phone:
Type of medical care rendered: 🗌 Wound care	EMS called TOther: Bund a: L
Physician	
Physician Name:	Phone:
Name/Address of Practice:	



COLORADO Disease Control & Environmental Epidemiology Division Department at Public Health & Environment

			Reported by:	PUBERT		Date: 10/07/18
Animal			IL VA	the star with a set		
Туре			Descrip	tion		
□ Mamma □ Avian ↓ Reptile	l 🗌 Amphibi 🗌 Fish 🗌 Other:	an	Species: Color: Name:	IGUANA IGUAN GREEN -		☐ female y ☐ sick ☐ deceased
If animal has	not been quaran	tined. why not?	HEALTH	1 olurep -	DANG NO	ne TRIMMINZ
lf mammal, i Behavior (e.g	s the animal curre	ently vaccinated hy, ill, or exhibitir		No Unknown	Date of last vaccir	
HEALTH	ty know	emon				
	ry: PBite		Other:	ite of injury: いつ/うう	(1	f known) 3:50Pm
		LS ONE	IGUANA	BIL Darry		
		'				
Date of CPW	report:		Time of report:			
CPW Officer:					Phone:	i l
Patient		Sector and a				
First Name:	GRACIE			Last Name: BLAC	KWAL	
Address:				1	County	:)
City:					ZIP code	:
Sex	Ethnicity	Race			Phone	
🗆 Male	Hispanic	Asian	Black or African			
Female	<ul> <li>Non Hispanic</li> <li>Unknown</li> </ul>	☐ White ☐ Multi-racial	<ul> <li>American Indian</li> <li>Native Hawaiian</li> </ul>	or Alaska Native or Other Pacific Islander	Patient ID/MR #	4: <u> </u>
		Unknown	□ Other Race		DOB	:
Parent/Guar	dian Name:				Phone	-
Type of med	ical care rendere	d: 🏾 🔁 Wound ca	re 🗌 EMS called	Other:		
Physician	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				1- 1-1	1
Physician Na	me: NOT	SEEKIN	23 MEPIL	AL	Phone	:
Name/Addre	ess of Practice:		-/			1
Email com	nleted form to	dor wildlife e	peciallicensing@st	ato co us		
			.us   fax: 303-782-033			September 201



Guest Incident 🔲 Team Member Incident
DATE: 10 15 18
NAME: Joshua Smith
PHONE:
ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age? 8 yrs,
Seeking medical attention? NO
If yes, where?
Time of incident: 3: 10 pm
Location of incident: <u>I guanas</u> feeding
Guest Signature:hand Sthe (mother)
Witnesses: Was trying to feed the iquana, get to close with his
figgers and was hit on left middle finger Maniah
Description of incident / treatment:
was trying to feed an Iquana, left middle finger was
bit. Cleaned with an alcohol swap + gove a band aid. Drew a small amount of Blood

Species and Name of Animal	If applicable): Tavana	Iguana	(Green)
Team Member Signature(s):	ana Contration	3	

1

COMPANY CONFIDENTIAL



Guest Incident Incident
DATE: 10/17/18
NAME: Meagan M. Grand
PHONE:
ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age?
Seeking medical attention? <u>NO</u>
If yes, where? <u>NA</u>
Time of incident: 1:50pm
Location of incident: <u>Amazon</u> , <u>in guana enclosure</u> . Guest Signature: <u>Junka</u> Witnesses: <u>Jaime &amp; Jana</u>
Description of incident / treatment: <u>an iguana climbed into tree, had to pick up</u> <u>iguana toget out of tree. got scratched by</u> <u>the iguana's nails Drew blood. Sratch is on Left</u> <u>fore arm. Applied iodine.</u>
Species and Name of Animal (If applicable): Tapana
Team Member Signature(s):



• COLORADO Disease Control & Environmental Epidemiology Division

	Reported by: Duvid Sl	ute c	ate: 10/20/18
Animal	Description		
Type          Mammal       Amphibian         Avian       Fish         Reptile       Other:         If animal has not been quarantined, why not?	Description Species: Iguana Je Color: Name: Not Necolal	u44§ex: ☑ male Status: ☑ healthy	☐ female □ sick □ deceased
If mammal, is the animal currently vaccinated for ran Behavior (e.g., was animal healthy, ill, or exhibiting abno Marmal Injury sustained by: Guest Employee Va	rmal behavior?) Explain:		njury: 12:09 pm
Type of injury: Bite Scratch Other: Circumstances of injury: Guest Was feeding an		nipped bis 1	Ingel laussor blar
Date of CPW report: Time CPW Officer:	of report:	Phone:	je e s jud
First Name:	Last Name:	ngna	
Female Non Hispanic White A Unknown Multi-racial N	Black of African American Imerican Indian or Alaska Native Iative Hawaiian or Other Pacific Islan Other Race	County: ZIP code: Phone: Patient ID/MR #:	
Parent/Guardian Name:	and the second	Phone:	
Type of medical care rendered: Used Wound care	EMS called Cother:	(unda)d	
Physician Physician Name: MA Name/Address of Practice:		Phone:	
Email completed form to dnr_wildlife.specia and to lennifer flause at jennifer.house@state.co.us = f			September 2018



Guest Incident 🔲 Team Member Incident
DATE: 10 23 18
NAME: Manney Orrino (Dave Orrino, grandather)
PHONE:
ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age? 18 months
Seeking medical attention? $N_{o}$
If yes, where?
Time of incident: 11:15 am
Location of incident: <u>Ignana</u>
Guest Signature: David Mino
Witnesses: Enka Unbehann
Description of incident / treatment: Fleding ignanas, one bit on vight index Anger and drew blood. Treated by Laura with antiseptic wipe and bandaid
Species and Name of Animal (If applicable): <u>Janana Ignana</u> Team Member Signature(s): <u>Jan Casti</u>

COMPANY CONFIDENTIAL



Repor	ted by: Druich Slates Date: 10/27/18
Animal Type D	escription
Avian L Fish	pecies: IShuna IShuna Sex: Imale female plor: Green Status: Phealthy sick deceased
	ime: In / Not ascessive
If mammal, is the animal currently vaccinated for rabies? Behavior (e.g., was animal healthy, ill, or exhibiting abnormal be	
Normal believio-	
Injury sustained by: 🖁 Guest 🗍 Employee 🗌 Volunteer	Date of injury: $\frac{10}{27}/18$ Time of injury: (if known)
Type of injury: 🗌 Bite 🛛 Scratch 🗌 Other:	
Circumstances of injury:	
Removing Iguana out of tree Date of CPW report: Time of repo	that was out of the exhibit. Drawing Glood
CPW Officer:	
	Phone:
Patient	Phone:
	Phone: Last Name: Mc Verl
Patient	
Patient First Name: Mesan Address: City:	Last Name: Mc U.e.a. /
Patient         First Name:       Mescan         Address:	Last Name: Mc Uea / County: ZIP code: Phone:
Patient         First Name:       Mescan         Address:       Image: Sex       Ethnicity       Race         Male       Hispanic       Asian       Black or A         Female       Non Hispanic       White       American         Unknown       Multi-racial       Native Haw	Last Name: Mc Uea / County: ZIP code:
Patient         First Name:       Messen         Address:       Image: Sex       Ethnicity       Race         Sex       Ethnicity       Race       Image: Sex       Black or A         Male       Hispanic       Asian       Black or A         Image: Female       Non Hispanic       White       American         Unknown       Multi-racial       Native Hax         Unknown       Other Race	Last Name: Mr. Ver l County: ZIP code: Phone: Phone: Patient ID/MR #:
Patient         First Name:       Mesan         Address:       Image: Sex       Ethnicity       Race         Sex       Ethnicity       Race       Image: Sex       Black or A         Male       Hispanic       Asian       Black or A         Female       Non Hispanic       White       American         Unknown       Multi-racial       Native Have	Last Name: Mr. Ven / County: ZIP code: Phone: Phone: Patient ID/MR #:
Patient         First Name:       Messen         Address:       Image: Sex       Ethnicity       Race         Sex       Ethnicity       Race       Image: Sex       Black or A         Male       Hispanic       Asian       Black or A         Image: Female       Non Hispanic       White       American         Unknown       Multi-racial       Native Hax         Unknown       Other Race	Last Name: Mr. Ueal County: ZIP code: Phone: Phone: Vaiian or Other Pacific Islander Phone: DOB: Phone:
Patient         First Name:       Mesan         Address:       Image: Sex       Ethnicity       Race         City:       Image: Sex       Ethnicity       Race         Male       Hispanic       Asian       Black or A         Female       Non Hispanic       White       American         Unknown       Multi-racial       Native Have         Parent/Guardian Name:       Image: Sex       Image: Sex	Last Name: Mr. Ueal County: ZIP code: Phone: Phone: Vaiian or Other Pacific Islander Phone: DOB: Phone:
Patient         First Name:       Mesan         Address:       Image: City:         Sex       Ethnicity       Race         Male       Hispanic       Asian       Black or A         Male       Hispanic       White       American         Image: Vertical       Non Hispanic       White       American         Image: Unknown       Multi-racial       Native Have         Parent/Guardian Name:       Type of medical care rendered:       Image: Wound care       EMS care	Last Name: Mr. Ueal County: ZIP code: Phone: Phone: Vaiian or Other Pacific Islander Phone: DOB: Phone:
Patient         First Name:       Messen         Address:       Image: City:         Sex       Ethnicity       Race         Male       Hispanic       Asian       Black or A         Male       Hispanic       Mon Hispanic       White       American         Image:	Last Name: Mr. Ueal County: ZIP code: Phone: Phone: Patient ID/MR #: DOB: Phone: Illed Other:



COLORADO Disease Control & Environmental Epidemiology Division Department of Public Health & Environment

			Reported by:		D	ate: 10/28/18
Animal	in alter	and the second				The second second
Туре			Descript	tion		
<ul> <li>Mammal</li> <li>Avian</li> <li>Reptile</li> </ul>	<ul> <li>Amphibia</li> <li>Fish</li> <li>Other:</li> </ul>	an		Heterodontis & Brown No name	Status: healthy	☐ female □ sick □ deceased
f animal has	not been quarant	ined, why not?	Healthy	t, animal ,	what fo	a-lt
lf mammal, is Behavior (e.g.	the animal curre , was animal health	ently vaccinated for a second se		Explain:		
		Employee	Volunteer Da	ate of injury:	Time of i (if l	njury: known)
			uner:			
Feedin	s of injury: g the 1	10m sha	Nr. did	not pull au	way. brok	e skin
Date of CPW	report: 10/	28/18	Time of report:	11.30am		
PW Officer:					Phone:	
Patient		Ser Dian	Constant of the			A VIE OF
First Name:	Micar	1		Last Name: Em	berg,	
Address:		•			County:	
City:					ZIP code:	
Sex	Ethnicity	Race			Phone:	
Male	Hispanic	□ Asian X White	Black or African			
E Female	Non Hispanic	Multi-racial	<ul> <li>American Indian</li> <li>Native Hawaiian</li> </ul>	or Other Pacific Islander	Patient ID/MR #:	
		Unknown	Other Race		DOB:	N/A: 7 yrs.
Parent/Guar	dian Name:				Phone:	
Type of medi	cal care rendered	d: 💢 Wound care	EMS called	Other:		
Physician	A Sell's and	a de colección		Harris Margare		
Physician Na	me:				Phone:	
Name/Addre	ss of Practice:					
Email.com	pleted form to	dnr wildlife spe	ciallicensing@st	ate co us	La Internet	
			s   fax: 303-782-033			September 2018



Guest Incident Team Member Incident
DATE: 11 2 18
NAME: Nathan Miller
PHONE: Eatony
ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age? 7 Feb. 4, 2011
Seeking medical attention? $\underline{N} \bigcirc$
If yes, where? N/A
Time of incident: 11:25 am
Location of incident: <u>a Mazon - pacu</u>
Guest Signature: MUTh Ecton
Witnesses:
Description of incident / treatment: <u>Feeding the pace</u> , bit vignt ning <u>Finger</u> , buke skin and bled, treated by wasning hands and pandaid
Species and Name of Animal (If applicable): <b>Drachypomus</b>
Team Member Signature(s):

X

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			Reported by:	Jamie Be	gger	Date: 11 6 2018
Animal						
Туре			Description	1		
□ Mamma □ Avian X Reptile	☐ Fish	an	Species:	aranus salvator ellow/Black 3partacu:		☐ female ☐ sick ☐ deceased
If animal has	not been quaran	tined, why not?	Normal B	schavior		
			l for rabies? 🗌 Yes 🗌 ng abnormal behavior?) Ex		Date of last vaccin	ation:
			Volunteer Date		ZO18 Time of	injury: known) 3:00pm
Type of inju Circumstance	es of injury:		Other:			
Guest	leaned ove	r water	monitor encl	losure and	a dangled f	inger in front
Date of CPW		es toorage	Time of report:	. Wound wa	s Dandaged.	Guest sent te urgent care
CPW Officer:					Phone:	
Patient			A CONTRACTOR OF THE PARTY OF TH			
First Name:	De Cou		-1 12	st Name: Alb		
Address:	De 5005	ia Isa	mel		County:	
City:					ZIP code:	
Sex	Ethnicity	Race			1	
Male	Hispanic		🗆 Black or African Ame	erican	Phone:	
🖸 Female	🗌 Non Hispanic	U White	American Indian or A		Patient ID/MR #:	
	Unknown	<ul> <li>Multi-racial</li> <li>Unknown</li> </ul>	Native Hawaiian or C Other Race	Other Pacific Islander	DOB:	
Parent/Gua	rdian Name:				Phone:	
Type of med	ical care rendere	d: 🕅 Wound ca	are 🗌 EMS called 🛛	Other:		
Physician	the star	de l'an	1995 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Physician Na	ame:				Phone:	
Name/Addre	ess of Practice:			4		
			peciallicensing@state .us   fax: 303-782-0338.	.co.us	10.1-	September 2018



	Reported by:	Mariah	Contrera	5	Date: 11/20/201
Animal		in a string			HUH
Туре	Descrip	tion			
<ul> <li>Mammal</li> <li>Amphibian</li> <li>Avian</li> <li>Fish</li> <li>Reptile</li> <li>Other:</li> </ul>	Color:	Iguano Green	Status:	🗌 male 🔀 healthy	female
fooimal has not here		Iguano	and the second sec		
f mammal, is the animal currently vaccinated for rabie wehavior (e.g., was animal healthy, ill, or exhibiting abnorm	es? 🗌 Yes			ny an	
normal behavior					
njury sustained by: 💢 Guest 🗌 Employee 🗌 Volur	nteer Da	te of injury:	20/2018	Time of (if	injury: known) 13:12
ype of injury: 🕅 Bite 🗌 Scratch 🗌 Other:					
ircumstances of injury: Guest was peeding iguana + iguan	na bit	guest's r	ight inde	* Pinge	r. The Finger
bica slightly. Treated with alco	ohol w	ipe and	band aid		- <b>0</b>
ate of CPW report: Time of	report:				
PW Officer:				Phone:	
atient	-		Sent Victoria	0.5.5	an east a star
irst Name: Gabriella		_ast Name: γ	Narquez		
ddress:				County:	
ity:				ZIP code:	
				Phone:	
			Patier	nt ID/MR #:	
				DOB:	4 40
rent/Guardian Name: Lindsey Marg	NOP7			Phone:	. 10
· · · · · · · · · · · · · · · · · · ·	AS called	Other:			
nysician				14 - 14 K	
ysician Name:	and a second				and the second
me/Address of Practice:				Phone:	
mail completed form to dnr_wildlife.speciallicer	nsing@state	e.co.us		-	- Martin -
nd to Jennifer House at jennifer.house@state.co.us   fax: 30	3-782-0338.				September 201



	Reported by:	Emilee Fields	Date: 11/23/18
Animal	-1014		
Туре	Descript	ion	
□       Mammal       □       Amphibian         □       Avian       □       Fish         ☑       Reptile       □       Other:	Species: Color: Name:	Iguana iguana Sex: Green Status:	□ male □ female ★ healthy □ sick □ deceased
If animal has not been quarantined, why n	iot? Animal is	> healthy	
If mammal, is the animal currently vaccina Behavior (e.g., was animal healthy, ill, or exh	ated for rabies? $\Box$ Yes	No Unknown Date of	f last vaccination:
Normal behavior. Ac Injury sustained by: Guest X Employ Type of injury: Bite X Scratch	yee 🗌 Volunteer Da		Time of injury: (if known) 10:15 am
Circumstances of injury: Cleaning an iguana's pace amount of blood prese			arm. Small
Date of CPW report:	Time of report:		
CPW Officer:			Phone:
Patient			
First Name: Kristen Sauce	redo	Last Name: Sauceo	10
Address:	Jenc	- molece	County:
City:			ZIP code:
			Phone:
		Dati	ent ID/MR #:
		-	DOB:
Parent/Guardian Name:			Phone:
Type of medical care rendered: 🛛 🗙 Wour	nd care 🗌 EMS called	Other:	
Physician	and the second	all starting and the	the state of the state of the
Physician Name:			Phone:
Name/Address of Practice:			-1. Survey -
Email completed form to dnr_wildlin			September 2018



	Reported by: E	milee Fie	elds 0	ate: 1125/2018
Animal				
Туре	Description			
Mammal     Amphibian       Avian     Fish       Reptile     Other:	Color: 🔽	cqtua alba Unite sella	Sex: male Status: healthy	female
f animal has not been quarantined, why not?	Healthy,	acting no	mally	
f mammal, is the animal currently vaccinated for Behavior (e.g., was animal healthy, ill, or exhibiting at	rabies? 🗌 Yes 🗌	No 🗌 Unknown	Date of last vaccina	tion:
Healthy and Shawing n Injury sustained by: Guest Stemployee	Volunteer Date c	havior of injury: 11/25	ZO 18 Time of in (if )	njury:
Type of injury: 🕅 Bite 🗆 Scratch 🛛 Oth	er:			
Circumstances of injury: Trying to get Bella to step un Emilee's left index Finge				
Date of CPW report: Tir	me of report:			
PW Officer:			Phone:	
Patient	10- 10- 10-		10	
First Name: Emilee	Las	t Name: Field	13	
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	1 Marshare - Call		- TE - 70	- 5 5- D
Physician Name:			Phone:	
Name/Address of Practice:				
Email completed form to dnr_wildlife.spec and to Jennifer House at jennifer.house@state.co.us		co.us		September 201



	Reported by:	Emilee Fields	Date: 11 25 201	18
Animal			The second second	
Туре	Descrip	tion		
Mammal     Amphibian       Avian     Fish       Reptile     Other:	Species: Color: Name:	Iguanaiguana sex: Green Statu	□ male	ed
If animal has not been quarantined, why not?	Healthy	, normal beh	avior	
If mammal, is the animal currently vaccinated for Behavior (e.g., was animal healthy, ill, or exhibiting	or rabies? 🗌 Yes	s 🗌 No 🗌 Unknown Date	e of last vaccination:	
Animal is healthy + sh Injury sustained by: & Guest  Employee				
Type of injury: 🕅 Bite 🗆 Scratch 🗌 Of	ther:			
Circumstances of injury:				
Guest was peeding iguana a Skin and bled a bit. Tr	nd left;	index Ringer wa	as bitten. Broke	
		antiseptic wipe	and Dand and	
Date of CPW report: 7	ime of report:			
CPW Officer:			Phone:	
Patient		all all and a second	- Brief -	
First Name: IVan		Last Name: Widdf	Field	
Address:			County:	
City:			ZIP code:	
			Phone:	
		Pa	atient ID/MR #:	
			DOB:	
Parent/Guardian Name: Sabing Qu	intabille	a (mother)	Phone: -	
Type of medical care rendered: Wound care		Other:		
Physician				10
Physician Name:			Phone:	
Name/Address of Practice:				
Email completed form to dnr_wildlife.spe			September 2	2019



	Reported by: Robert Le Sage Date: 12/9/2018
Animal	
Туре	Description
<ul> <li>Mammal</li> <li>Amphibian</li> <li>Avian</li> <li>Fish</li> <li>Reptile</li> <li>Other:</li> </ul>	Species:       Unobatis: baller:       Sex:       male       female         Color:       Beige       Status:       A healthy       sick       deceased         Name:       California       Raund       Ray
If animal has not been quarantined, why not?	Normal Behavior, healthy
If mammal, is the animal currently vaccinated for Behavior (e.g., was animal healthy, ill, or exhibiting	
Acting normally, hea	
Circumstances of injury:	ther: Stingray barb sting ne stingray barbs and was struck in the attention
	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: $\Box$ Wound care	EMS called & Other: Centura Urgert Care
Physician	
Physician Name: Centura Heal	th Urgent Care. Phone: 303-649-3620
	Wadsworth BIVD., Lakewood CO 80227
Email completed form to dnr_wildlife.spe	eciallicensing@state.co.us



	Reported by:	David :	Slute	Date: 12/22/18
Animal			CARLES AND AND	
Туре	Descripti	on		
Mammal Amphibian     Avian Fish	Species: Color:	Diodon Holo Brown		aale 🗌 female ealthy 🗌 sick 🗌 deceased
Reptile Other:	Name:	Puffer 105	h	
f animal has not been quarantined, why not?				
f mammal, is the animal currently vaccinate	d for rabies?		known Date of last v	accination:
Behavior (e.g., was animal healthy, ill, or exhibiti		Explain:		
Injury sustained by: 🛛 Guest 🗌 Employee		e of injury:	8/21/18 TI	(if known) 5:15 pm
Type of injury: 🖸 Bite 🗌 Scratch 🗌	Other:			
guest put finger in 1	inder with	6 1.	line a lost	
guesi pui proste na	water whi	a pice	ing and got	bit, drawing blo
Date of CPW report: 12/22/18	Time of report:	9:30 um		one:
Patient		-1		
			Δ	
First Name: Kellic Rigge	eters	Last Name:	Rinsueberg	
Address:			Co	ounty:
City:			ZIP	code:
			F	hone:
			Patient ID.	/MR #:
				DOB:
Parent/Guardian Name:			P	hone:
Type of medical care rendered: 🗹 Wound c	are 🗌 EMS called	Other:	Bundard	
Physician				
Physician Name:			F	hone:
Physician Name: Name/Address of Practice:			F	'hone:



/	Aquarium Inci	dent Report			
DATE: 12/27/	2018.	_			
NAME: Angela KI	NAME: Angela Klein (Sam Klein-minox)				
PHONE:					
ADDRESS:					
CITY:	_ STATE:	ZIP CODE:			
EMAIL:					
Date of birth or age?	840 -	£ '2			
Seeking medical attenti	on? bandard	etc.			
If yes, where? fine	xr				
Time of incident:	28				
Location of incident: <u>Janana area - Seaquest</u>					
Guest Signature:	ingla Kl	en			
Witnesses:	U				

Description of incident / treatment: 0 heeding CI durina C Arst A aid polied Cleaned Kinger 10 alconal linimal Dad en Ċ 20 blood.

Lyly Bront? Employee signature(s): \_



🔲 Guest Incident 🛛 🙀 Team Member Incident	
DATE: 0102/2019	
NAME: Beth Brewster	
PHONE:	
ADDRESS:	
CITY: STATE: ZIP CODE:	
EMAIL:	
Date of birth or age?	
Seeking medical attention?	
If yes, where? NIA	
Time of incident: am	
Location of incident: Iguana	
Guest Signature: <u>NIA</u>	
Witnesses: NA	

Description of incident / treatment:

Iguana started to climb ques	st's leg. Beth removed
the iquana and was scratched	d on the right palm
and wrist. Some blood.	

Species and Name of Animal (If applicable): Javana i qui	ana
Species and Name of Animal (If applicable): <u>Iguana i gu</u> Team Member Signature(s): <u>Mem</u>	



DATE: 1/4/2019		
NAME: Mariah Cort	trecas	
PHONE:	10.0	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL:		
Date of birth or age? 🎪	8 ZI yrs	*
Seeking medical attent	tion? <u>NO</u>	
If yes, where? NA		,
Time of incident:\(`	13	
Location of incident:	Iquana Exibit	
Guest Signature:	<u>/ { } } }</u>	
Witnesses: Manah	Catherog	
<u></u>		

Description of incident / treatment: brand astront my left shoulder 0 and to the went to move oft doox and 00 my foce nail (aught the 00 idd the in 30 Son and 00 ashed w (0)) Employee signature(s):

COPHE	<b>COLORADO</b> Disease Control & Environme Epidemiology Division		est Inju	ry Re	porting l	Form	
	Department of Public Health & Environ		eported by: 🕥	lausd	Slute	Date:	1/5/19
Animal	u						
Туре			Description			1	
<ul><li>Mamma</li><li>Avian</li><li>Reptile</li></ul>	l 🗌 Amphibian 🗌 Fish 🗌 Other:		Species: Je Color: 9 Name: 2	sedu			nale k 🗌 deceased
f animal has	not been quarantined,	why not?	+ Necommery	4			
	s the animal currently v ., was animal healthy, ill,				Jnknown Date o	f last vaccination:	
Norma	L				4		
Injury sustai	ned by: 🗌 Guest 🗳	Employee 🗌 Volum	teer Date o	of injury:	1/5/19	Time of injury: (if known)	11:13 am
Type of inju	ry: 🗌 Bite 🛄 Scrat	ch 🗌 Other:					
Circumstance	es of injury:						
Iguna Date of CPW	fumper on 1 report:	to employe		lder	t got scan	tchel or p	have
CPW Officer:						Phone:	
Patient		and the second	and a state				
First Name:	Marich	Ballens s	Las	st Name:	Contrea	LS	
Address:						County:	
City:						ZIP code:	
						Phone:	
					Pati	ent ID/MR #:	
						DOB:	
Parent/Guai	rdian Name:					Phone:	
Type of med	ical care rendered:	Wound care 🗌 E	EMS called	Other:	Judine	+ washed a	out
Physician	and the strength of		Land	A PAR			2.00
Physician Na	ame:					Phone:	
Name/Addre	ess of Practice:						
	npleted form to dnr_v ifer House at jennifer.hous			.co.us	the state		September 20



11-110
DATE:
NAME: Jenny Robbins (Asher-Son)
PHONE:
ADDRESS:
CITY: STATE: ZIP CODE:
EMAIL:
Date of birth or age?
Seeking medical attention?
If yes, where?
Time of incident: 12:06pm
Location of incident: Tang Anale tank
Guest Signature: Jenny Ralbin
Witnesses:
Description of incident / treatment:
Bit on right thumb by putter tish.
Employee signature(s):



	Reported by: Alexis Clements Date: 17 2019
Animal	
Туре	Description
□     Mammal     □     Amphibian       □     Avian     □     Fish       ↓     Reptile     □     Other:	Species:       Iguana iguana Sex:       Imale       female         Color:       Green       Status:       healthy       sick       deceased         Name:
If mammal, is the animal currently vaccinated for r	
Behavior (e.g., was animal healthy, ill, or exhibiting abn Acting normally, Healt Injury sustained by: X Guest Employee	hy Animal
Type of injury: □ Bite X Scratch □ Other Circumstances of injury: Iguana jumbed onto child's Mouth bled a bit.	chest and got a claw inside her mouth.
Date of CPW report: Tim	e of report:
CPW Officer:	Phone:
Patient	
First Name: Sarah	Last Name: Kayser
Address:	County:
City:	ZIP code:
	Phone:
	Patient ID/MR #:
	DOB: 6 yo
Parent/Guardian Name: Julie Kay	
Type of medical care rendered: 🕅 Wound care	
Physician	
Physician Name:	Phone:
Name/Address of Practice:	
Email completed form to dnr_wildlife.specia and to Jennifer House at jennifer.house@state.co.us	



	Reported by:	Jamie Begger	Da	ate: 1/10/2019
Animal	1 50 3 3		1 1 1	al to a second second
Туре	Descrip	tion		
Mammal Amphibian     Avian Fish     Reptile Other:	Species: Color: Name:	Varanus Salvator se black/white sta Spartacus,	atus: X healthy	
f animal has not been quarantined, why n	ot? Animal	is healthy		
f mammal, is the animal currently vaccina	the second s		ate of last vaccina	tion:
Behavior (e.g., was animal healthy, ill, or exh	ibiting abnormal behavior?	) Explain:		
Normal behavior				
Injury sustained by: 🗌 Guest 💢 Employ	yee 🗌 Volunteer D	ate of injury: 1020	DI9 Time of ir	njury: 18:45
. /	Other:			
Circumstances of injury:				
Harrison was feeding spar	tacus wil tong:	s when he jum	uped up and	l bit Harris
on his Right hand. Fer	u drops of h	lood; cleaned c	and used	band aid.
Date of CPW report:	Time of report:			
CPW Officer:			Phone:	
Patient	and the second second			
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: 🗌 Wour	nd care 🗌 EMS called	Other:		
Physician				
Physician Name:			Phone:	
Name/Address of Practice:				
Email completed form to dnr_wildli	fe.speci <u>allicensing@s</u>	tate.co.us		1
and to Jennifer House at jennifer.house@sta				September 20



Re	ported by:	Brad Lowenstein Date: 1/18/2019
Animal		
Туре	Descript	ion
□       Mammal       □       Amphibian         □       Avian       □       Fish         ☑       Reptile       □       Other:	Species: Color: Name:	Centrochelys Sex: X male female Sulcata Status: X healthy sick deceased Stormin Norman
If animal has not been quarantined, why not?	rmal	behavior
If mammal, is the animal currently vaccinated for rabies Behavior (e.g., was animal healthy, ill, or exhibiting abnormal		
Normal behavior, Healthu		Time of injury:
N	Da	(if known)
Type of injury: 🕅 Bite 🗆 Scratch 🗌 Other:		
was posing for picture will	locmar	n. held out hand to norman
and wasn't watching when No		
Date of CPW report: Time of r		
CPW Officer:		Phone:
Patient	8 8	
Physician		
Physician Name:		Phone:
Name/Address of Practice:		
Email completed form to dnr_wildlife.speciallicer and to Jennifer House at jennifer.house@state.co.us   fax: 30		the second se



Team Member Incident

Guest Incident

1/18/19 DATE: Description of incident / treatment:

was feeding Norman and so held out 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): <u>Sulcate</u> Tottobe

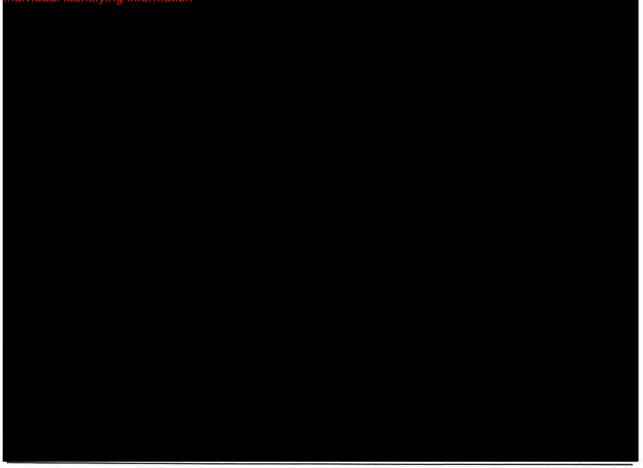
Team Member Signature(s): Brodley Lowenstein



Team Member Incident

DATE: <u>7/23/2019</u>

Guest Incident



Description of incident / treatment:

bit the w brearm he that Went logd cont Di opel small a mouri him. There WAS U

Species and Name of Animal (If applicable): Sus scrofa domesticus Team Member Signature(s):



Guest Incident

Feam Member Incident

DATE: 4/25/19

Individual identifying information

Description of incident / treatment: Guest went to pet Fudge mean his head then
he lunged at hand and bit He showed no
sign of agression before it had happened. We treated
WITOcline & bandage. went to urgent Care
Species and Name of Animal (If applicable): Pig Sus Scrofa domesticus
Team Member Signature(s):

#### Cady S.

- Oceanside, CA ++ 108 friends
  - 63 reviews
    18 photos
- Share review
- <> Embed review
- **Compliment**
- Send message
- ➡ Follow Cady S.

#### 📩 📩 📩 🖈 -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.



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