

Animal Cruelty Report

CASE NUMBER-

Date/ time reported	Animal impounded	No	Yes	(if so, date/ time)
Incident Location:		Location of animal if different		
Animal owner/ custodian (name, address, phone)		Male____ Female____ DOB____ SSN or DL_____ EXP____ HT____ WT____		
Other animals on Property (species, breeds, color, sex and approx age)				
CRUELTY INVESTIGATION RESULTS		COPY OF COMPLAINT RECEIVED BY:		
Animal Health: Good Fair Poor Comment				
Proper Diet and Water Available: Yes No Comment				
Shelter: Yes No (if yes, type of shelter)				
Other problems, comments				
Officer's requirement(s) to be met prior to follow-up date:				
DATE OF ARREST	OFFICER	CASE NUMBER	CITATION NUMBER	COUNTY JAIL YES NO WHERE?
OWNER'S RELEASE:				
APPROVAL BY:		DATE:		
I hereby agree that the above animal(s) becomes the immediate property of _____				
I waive all rights to said animal and assign full rights of said animal to _____				
FOLLOW-UP INSEPCION(S)				
1. Officer	Date	Time	am pm	Continue follow-up Yes No
Results				
2. Officer	Date	Time	am pm	Continue follow-up Yes No
Results				
3. Officer	Date	Time	am pm	Continue follow-up Yes No
Results				
Initial Officer		Completing Officer		Reviewed by