

LOST ANIMAL ALERT FORM

DATE _____

ANIMAL DESCRIPTION

DOG CAT HORSE OTHER _____ M M/N F F/S

BREED _____ SIZE _____ AGE _____

COLOR _____ DISTINCITVE MARKINGS (note injuries or special conditions) _____

ANIMAL NAME _____ COLLAR/TAG # _____

MICROCHIPPED/TATOOED _____ IS ANIMAL AGGRESSIVE? _____

PRE-EXISTING MEDICAL CONDITIONS _____

IS ANIMAL ON MEDICATION? _____

OWNER INFORMATION

NAME _____ PHONE () _____ OTHER PHONE () _____

PERMANENT ADDRESS _____

DIRECTIONS/LANDMARKS (Use back if needed) _____

TEMPORARY ADDRESS (IF OTHER THAN PERMANENT) _____

VETERINARY INFORMATION

NAME _____ PHONE () _____

VACCINATION STATUS _____ DATE OF VACCINATIONS _____

STAFF COMMENTS

FOR OFFICE USE ONLY

ANIMAL LOCATED _____ DATE _____

OWNER CONTACTED _____ DATE _____

ANIMAL DECEASED/DATE _____ UNKNOWN AFTER 30 DAYS _____

FORM COMPLETED BY _____ DATE _____