

CITY OF HEDRICK
ANIMAL CONTROL COMPLAINT FORM

COMPLAINANT:

NAME _____ DATE FILED _____

ADDRESS _____ PHONE # _____

ANIMAL

BITE? _____ TYPE/BREED _____ SIZE _____ COLOR _____

DEAD? _____ SICK? _____ AT LARGE? _____ CONFINED? _____ INJURED _____

DATE OF INCIDENT _____

TEMPERAMENT OF ANIMAL _____

COMPLAINT _____

SIGNATURE _____

TAKEN BY: _____

REFERRED TO _____ DATE _____

ACTION

TAKEN _____

WAS ANIMAL IMPOUNDED _____ IF SO WHERE _____

FOLLOW UP NEEDED? _____ IF SO ATTACH NOTES TO FORM

BOARDING FEES/CHARGES TO OWNER \$ _____