CHICAGO ANIMAL CARE & CONTROL
LOST ANIMAL REPORT

OWNER’S NAME: ___________________________ PHONE: (H) ____________ (W) ____________

ADDRESS: ___________________________ CITY: ___________________________

TODAY’S DATE: __/__/____ DATE LOST: __/__/____ ANIMAL’S NAME: ____________

BREED: ___________________________ SEX: □ MALE □ FEMALE ALTERED: □ YES □ NO

COLOR: ___________________________

DECLAWED: □ YES □ NO AGE: ____________ APPROXIMATE WEIGHT: ____________

EARS: □ CROPPED □ TIPPED □ ERECT □ DROOP

TAIL: □ SHORT □ LONG □ CURLED

COAT: □ SHORT □ MEDIUM □ LONG □ CURLY □ SMOOTH □ WAVY

MARKINGS: (Please be specific) ____________________________

COLLAR/TAGS: (Describe) ____________________________

VICINITY WHERE LOST: ____________________________

OTHER PERTINENT INFORMATION: ____________________________

DISTRIBUTION: WHITE COPY — CUSTOMER YELLOW COPY — FRONT DESK

62250_1_AF_5/31/12