



FOUND DOG REPORT

DATE FILED

Please print or type all owner and animal information below.

DATE FOUND

Finder of Animal

NAME		
ADDRESS		APT
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		

Animal Description

BREED <input type="checkbox"/> Purebred <input type="checkbox"/> Mix	AGE <input type="checkbox"/> months <input type="checkbox"/> years	SEX <input type="checkbox"/> intact male <input type="checkbox"/> intact female <input type="checkbox"/> neutered male <input type="checkbox"/> spayed female
COAT COLOR		
TAIL LENGTH <input type="checkbox"/> full length <input type="checkbox"/> ¾ length <input type="checkbox"/> docked	EARS <input type="checkbox"/> erect <input type="checkbox"/> semi erect <input type="checkbox"/> folded <input type="checkbox"/> droopy <input type="checkbox"/> cropped	COAT TYPE <input type="checkbox"/> short <input type="checkbox"/> medium <input type="checkbox"/> long <input type="checkbox"/> wire/broken <input type="checkbox"/> wavy/curly
UNIQUE MARKINGS		

Animal Identification

WEARING COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes color:	RABIES TAG ON COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes	ID TAG ON COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes shape/color:	MICROCHIP? <input type="checkbox"/> no <input type="checkbox"/> yes chip #:
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Location Found

STREET ADDRESS WHERE FOUND	COUNTY WHERE FOUND	ZIP CODE WHERE FOUND
NEAREST CROSS STREET	SUBDIVISION NAME	

Signature of Finder _____

Date _____

Please send completed form and picture of the found animal to lostandfoundpets@talgov.com.