

**PINAL COUNTY ANIMAL CARE AND CONTROL
CHEMICAL IMMOBILIZATION REPORT
(attach to hard copy of ACR)**

ACR No. _____ Animal No. _____ Date _____ Time _____ Officer No. _____

Location _____

Authorized By _____ Date _____ Time _____

Species _____ Breed _____ Sex _____ Age _____

Color _____ Ears _____ Coat _____ Tail _____

Reason Code 100 Requested _____

Equipment Used _____ Dart Recovered _____

Reason Dart Was Not Recovered _____

Drug and Amount Used _____

Time of Arrival _____ Time of Departure _____

Describe Condition of Capture (condition of dog, weather, spectators, etc.) _____

Owner _____ Telephone No. _____

Physical Address _____

Mailing Address _____

Officer Comments _____

Director/Supervisor Comments _____

Officer Signature

Supervisor Signature

Director Signature