

# DUPAGE ANIMAL CONTROL COMPLAINT FORM

PHONE: 682-7197

Date \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Complainant or person bitten \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Date of bite \_\_\_\_\_ Phone \_\_\_\_\_

Complaint \_\_\_\_\_

\_\_\_\_\_

DOG                      CAT                      OTHER                      MALE                      FEMALE

Breed \_\_\_\_\_

COAT     Short                       Long                       Curly                      TAIL     Short                       Long                       Curly                      EARS     Erect                       Floppy                       Tipped                      COLOR     Black                       Gray                       Brown                       Red                       White                       Orange

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## DISPOSITION OF CALL

Pick-up                      Warning                      Patrol                      Citation issued                      Bite Investigated