

TOWN OF COLLIERVILLE

Complaint No: _____ COMPLAINT REPORT

Type: 1: Bite-OBV 2: Assist-Collierville Police Dept. 3: Injured-Animal

4: Confined-Dog/Cat 5: Patrol-Stray 6: Warn-Owner 7: Head-Test 8: Trap

Map Page: _____

Received By: _____ Date Received: _____ Time Received: _____

Dispatched By: _____ Date: _____ Time: _____ Officer: _____

Comment: _____

Reporter Information:

Reporter: _____ First: _____ Middle: _____ Priors: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Alt. Phone: _____

Comment: _____

Owner Information:

Owner: _____ First: _____ Middle: _____ Priors: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Alt. Phone: _____

Comment: _____

Contact Date: _____ Time: _____ Animal Type: _____ Breed: _____

Name/ID: _____ Tag No. _____ Exp.: _____ Rabies Exp. _____

Sex: _____ Color: _____ Size: _____ Pups: _____ Kittens _____ Vet: _____

Circle One:

Collar: _____ Bandana: _____ Choke-Chain: _____ Drag Chain: _____ Flea: _____ Leather: _____ Nylon: _____ Rope: _____

Impound Location:

Disposition: Bad Address Canceled Couldn't-Catch Cited Dead

Impounded Need Trap Not-Found Owner-Surrendered Pending Pu-Trap

Quarantined Referred Sct-Trap Warned-Owner Other: _____

Kennel: _____ Citation No. _____

Comment: _____