

Lincoln-Lancaster County Health Department

Animal Control

Impound Form

Impound # _____
Officer # _____ Time/Date _____ Bite/Attack Case # _____
Animal Location _____ Call # _____
Type of Animal: Dog Cat Other (specify) _____
 Stray/At Large Injured Bite Dead Board Abandon Turn-In
Animal Description:
Breed _____ Age _____
Color/Markings _____ Sex _____
Other _____
License # _____ Exp. _____ Rabies Tag #/Vet _____
Pet Owner's Name _____ Phone # _____
Address _____ Notified by AC _____
Veterinarian (if injured) _____ Amount of Bill _____
Times Previously Impounded _____ Times Previously Bitten _____

- Dispose of after 72 hours from time received
- Euthanize and prepare for State Lab After 72 hours Immediately
- Hold for rabies observation until _____
- Board only - contact AC when 72 hours expires
- Dispose of immediately 10 day Livestock hold
- Immediate sign over to shelter Notify AC when animal is claimed
- Not suitable for adoption/sale Hold until contacted by AC

Shelter Number _____ Received by _____
Date _____ Time Received _____ am/pm Scan _____

Disposition of Animal

Animal destroyed: Date _____ Time _____ am/pm
 Shelter accepts title to animal: Date _____
 Animal claimed by owner
Number of Days Impounded _____ Time Released _____ am/pm

Animal Claimed By

(print name) _____ Date _____
Address _____ Phone # _____
Animal turned in by _____