DUPAGE COUNTY ANIMAL CONTROL
INCIDENT REPORT

START TIME _____ FINISH TIME _____ Date: _____

☐ COMPLAINT ☐ PICK UP ☐ PATROL

OWNER OR COMPLAINTANT: _____ D.O.B. _____

ADDRESS: _____ CITY _____ PHONE H. _____

FULL DISPOSITION OR ACTION TAKEN: W. _____

(CONTINUE ON REVERSE IF NEEDED)

PROOF OF INOCULATION:

WITNESS OR PERSONS CANVASED:

OFFICER: _____ BADGE NO. _____

CASE: ☐ OPEN ☐ CLOSED ☐ CANCELLED

CASE #_____-_____