

Pinal County Animal Care and Control

Incident Report No. _____

Date _____ Dispatch Time _____ Arrival Time _____ Departure Time _____

Officer _____ Impounded at _____ Call Completed _____

Voice Mail _____ Pager _____ Officer Initiated _____ Taken in the Field _____ Stray Pen _____

Nature of Complaint _____

Reporting Agency & Dispatcher _____

Reporting Party _____ Phone No. _____

Address _____
street city state zip code

Mailing Address _____
p.o. box city state zip code

Drivers Lic. No. _____ SSN _____ D.O.B. _____

Owner _____ Phone No. _____

Address _____
street city state zip code

Mailing Address _____
p.o. box city state zip code

Drivers Lic. No. _____ SSN _____ D.O.B. _____

Animal(s) Impounded

_____ **Animal #** _____

_____ **Animal #** _____

_____ **Animal #** _____

_____ **Animal #** _____

_____ **Animal #** _____

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