



Lincoln-Lancaster County Health Department
Animal Control
Injured Animal Form

Impound # _____ Officer # _____ Time/Date _____ Call# _____

Animal Location _____

Bite/Attack Case # _____ Type of Animal: Dog Cat Other (specify) _____

Stray/At Large Injured Bite Dead Board Abandon Turn-In

Animal Description:

Breed _____ Age _____ Color/Markings _____

Sex _____ Possibly Feral Cat Sex Not Determined

Other _____

License # _____ Exp. _____ Rabies Tag #/Vet _____

Pet Owner's Name _____ Phone# _____

Address _____ Notified by AC Cannot be located

Injury Description: (completed by _____, D.V.M.)

Injury: See Attached _____

Treatment Provided: See Attached _____

After Care Instructions: See Attached _____

Stabilizing Care Amount \$ _____

Donated Treatment Amount \$ _____

After Hours Charge \$ _____

Euthanasia Order:

Owner permission given for euthanization of animal: By Phone In Person

I _____, D.V.M., have examined this animal and have found that it should be humanely euthanized due to the extent of its injuries and/or being in such a diseased condition, that it is in intense pain and suffering; and that it is my judgement that this injury or disease will result in the animal's death.

Veterinarian's Signature

Stabilizing animal for emergency injuries/ neglect during regular office hours - \$35.00

Call out of veterinarian after office hours - \$40.00

White - Animal Control

Yellow - Veterinary Clinic

Pink - Shelter